20. Ein Beitrag zur frühzeitigen Diagnostik des Acousticustumors

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Viele Fälle von Hirntumor haben Schwindel oder Ohrensausen als Hauptsymptome wie bei Acousticustumor otoneurologische Symptome. Es passiert nicht so selten, dass ein Acousticustumor oder Kleinhirntumor als Morbus Ménière oder Nervenschwerhörigkeit nur mit medikamentöser Therapie behandelt wird. Solche Symptome dürfen oft hinsichtlich der otoneurologischen Differentialdiagnose nicht vernachlässigt werden.

Wegen der Entwicklung der otoneurologischen Diagnostik kann man heutzutage ermöglichen, den Acousticustumor sehr frühzeitig zu diagnostizieren, wenn der Tumor auch in Meatus acusticus internus beschränkt vorhanden wäre.

Für die Diagnose des Acousticustumors können die Verfasser nur sagen, dass sich um das Verhalten der calorischen Erregbarkeit handele. Dann sind das Cochlearsymptom und das Herabsinken des Geschmackssinnes der vorderen 2/3 von der Zunge von grosser Bedeutung. Die Störung der Cornealsensibilität, Atypische Befunde des Spontan- und Provokations-Nystagmus und die Zunahme des Liquoreiweiss ergänzen richtige Diagnose. Weitere diagnostische Hilfsmittel sind unseres Erachtens die röntgennologische Untersuchung.

Nach all diesen Symptomen haben wir den zeitlichen Verlauf des Acousticustumors in 5 Chronologie gegliedert und betont, dass die Diagnose in dem Stadium Null sehr wichtig und auch möglich ist.

21. Acoustic Nerve Tumor

**—An analysis of symptoms and signs in an attempt
to establish early diagnosis—**

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The present report is based on an analysis of early symptoms and signs seen in 31 cases of acoustic neurinoma which were treated at the Department of Neuro-

surgery, Hokkaido University Hospital during the past 9 years.

Although in 22 cases or 71% of the group, the initial symptoms were either tinnitus or hearing disturbance, 29% of the patients noticed symptoms due to adjacent cranial nerve (Vth, VIth and VIIth) disturbance prior to the symptoms originating from the acoustic nerve.

At the time of admission, most of the patients showed enough clinical signs and symptoms to establish diagnosis without aids of X-Ray or other laboratory studies.

Among the 31 cases, there were 3 cases of which size were smaller than 2.5 cm in diameter. The constant signs seen in these 3 cases were Vth, VIIth and VIIIth cranial nerve signs.

Concerning to the otologic examination, although hearing loss was not observed in 3 cases out of 31, caloric test was positive in all the cases. Nystagmus was noted in all the cases except for one. Therefore, we feel that the caloric test is the most valuable single examination for the early diagnosis of the acoustic tumors.

By analyzing the course of the disease, we failed to find out any constant order of the appearance of various symptoms. Only 42% of the cases followed the Cushing's chronology.

As for radiological examinations, plain skull films are seldom useful in early diagnosis. Vertebral angiography gives information only when the size of the tumor becomes larger than 2.5 cm in diameter. We feel that the cisternography using positive contrast medium is the most valuable single radiological examination available.

22. Removal of Acoustic Neurinoma through Transtemporal Approach

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Dept. of Otolaryngology, Faculty of medicine Univ. of Tokyo. Under the development of the microsurgery and of diagnostic methods for acoustic neurinomas, the temporal approach for this tumor has stimulated the interests of neurosurgeons and otologists.

We have experienced 3 removals of acoustic neurinomas through the transtemporal approach.

The first case was so called "ear tumor." Operation was performed by the middle fossa extradural approach. A pea-sized neurinoma was located within the