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## Letter from India

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# —— Letter from Costa Rica

# **COMMUNITY EAR AND HEARING HEALTH**

#### An extract from a letter sent to Professor Valerie Newton (Editorial Board Member) in May 2008

would like to comment that I find Lthe Community Ear and Hearing Health (CEHH) very nicely done. It covers issues of global interest and remains user friendly and appropriate for developing nations and their universal interest.

I find it more balanced than other publications aimed at the 'developing world'. The topic oriented Issues touch on very current and important fields and I find the 'Abstract' section very useful - to be aware of particular publications, where Journals may not be readily available.

The management of Occupational Audiology in the last issue was especially good and I have made the link available for our colleagues in the field here in Costa Rica.

I would like to recommend that you consider ways to advertise CEHH more effectively and to promote its existence among the audiological community in the developing world.

I have not been able to hear about CEHH from any other source than the direct channel of our contact. I think there is a wealth of resources there and it should be promoted more aggressively.

**Juan Madriz MD** Costa Rica

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We ask our readers to consider ways in which we can promote the Community Ear and Hearing Health Journal. Please introduce the Journal to your colleagues and contacts around the world. Editor



### Migraine associated with auditory-vestibular dysfunction

#### Cal R, Bahmad F Jr

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The association between hearing and balance disorders with migraine is known since the times of the ancient Greeks, when Aretaeus from Cappadocia in 131 BC, made an accurate and detailed description of this occurrence during a migraine episode. We present a broad review of migraine neurotological manifestations, using the most recent publications associated with epidemiology, clinical presentation, pathophysiology, diagnostic methods and treatment for this syndrome.

Aim: To describe the clinical entity: 'Migraine associated with auditoryvestibular dysfunction', in order to help otorhinolaryngologists and neurologists in the diagnosis and management of such disorder.

Final Remarks: There is a strong association between neurotological symptoms and migraine, and the auditory-vestibular dysfunction-associated migraine is the most common cause of spontaneous episodic vertigo (non-positional). Symptoms may vary broadly among patients, making it a diagnostic challenge to the otorhinolaryngologist. This entity usually presents with positional or spontaneous vertigo spells, lasting for seconds

or days, associated with migraine symptoms. A better understanding of the relationship between central vestibular mechanisms and migraine mechanisms, besides the discovery of ionic channel disorders in some cases of migraine, ataxia and vertigo, may lead to a better understanding of migraine pathophysiology associated with audio-vestibular disorder.

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