

# Case Studies A

COLLECTED 2014

## Case Studies

- 1. cABR within normal limits
- 2. cABR: APD pattern
- 4. Teen-ager: APD
- 5. Adult: ? Dx

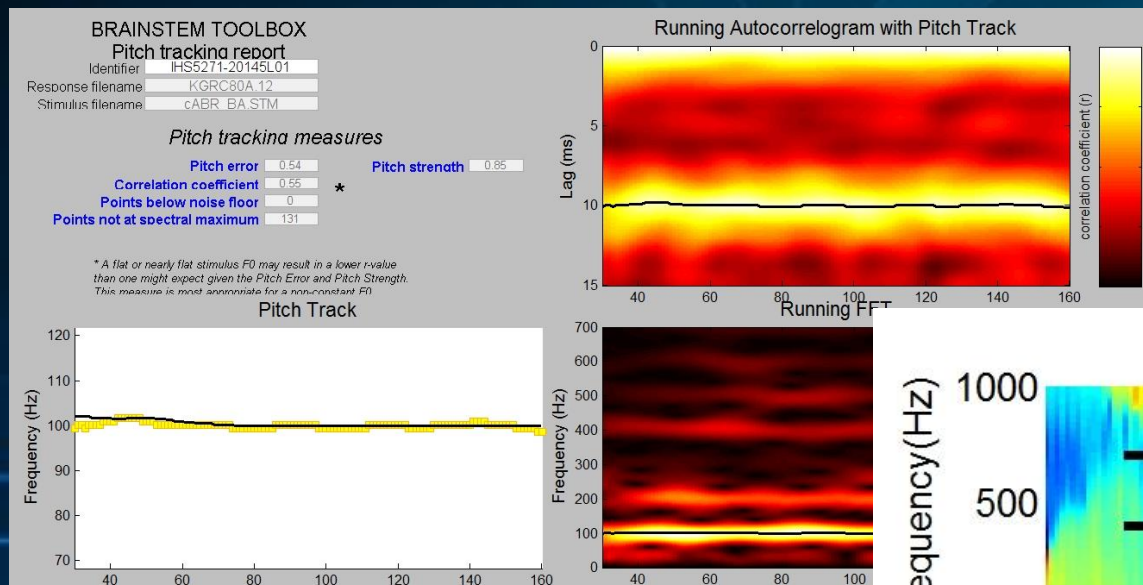
## KG: Case history

- Nine years of age
- No unusual medical history, no otitis media, no jaundice. Met expected speech and language milestones.
- No difficulty in noisy environments; holds conversations in restaurants.
- No problems learning to read or with phonics.
- No problems with multi-part directions.
- Sings song lyrics correctly.

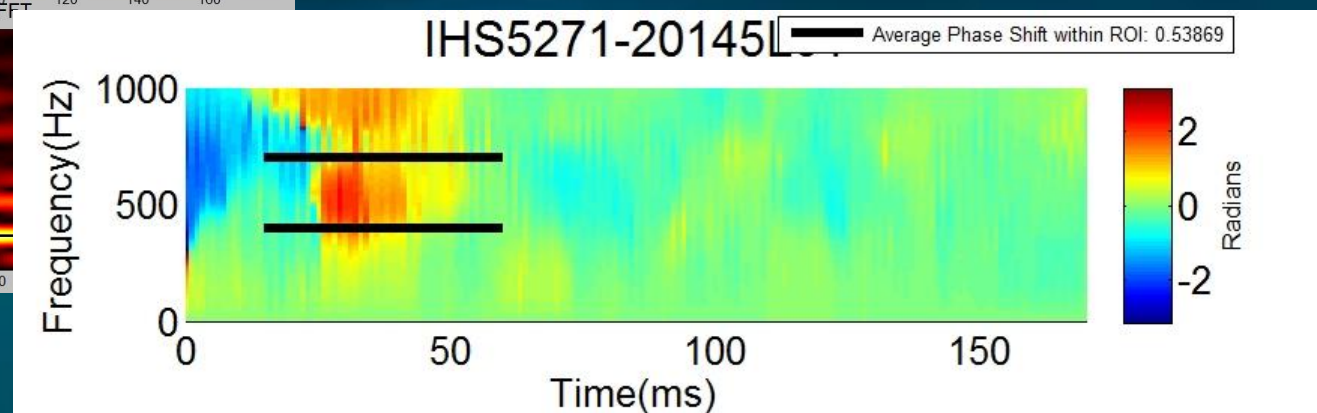
# KG: Test results

- Behavioral tests:
  - SSW: exactly 1 SD below mean (so, at the cut-off)
  - DD: 95%/90% (expected was 80%/75%)
  - CS: standard score of 11 (above the mean)
  - AFG 0 dB: standard score of 10 (at the mean).
- Electrophysiological tests:
  - DA latencies good; excellent cross-correlations, borderline on slope.
  - GA/BA: all WNL

# KG: Pitch Tracking, Cross-phaseogram



Actually  
borderline





## EJ: APD

- 7 years of age.
- Adopted at age 3 yrs. Hx of drug/alcohol exposure, details unknown. Hx of otitis media.
- Speech/Language: When addressed, simply stares. In Speech Tx. Garbles message when carrying out directions.
  - “Take a shower, and wash from head to toe”: tries to put her head on her toes.
- In noisy environment: fidgets, “tunes out”, distracted. Poor with rapid speakers. Poor auditory memory.
- Reading: Slow learning to read. Receives special reading tutoring.

## EJ: Test results

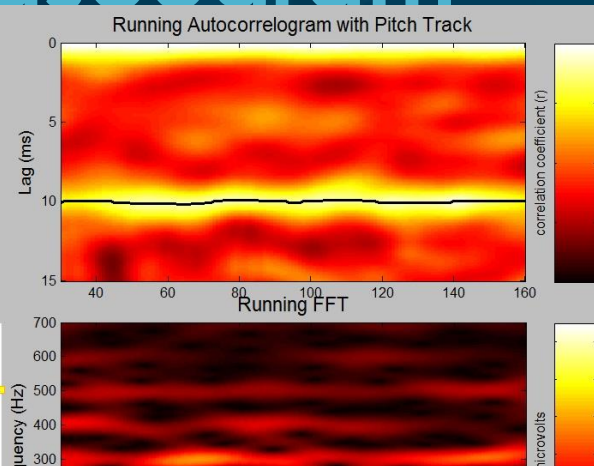
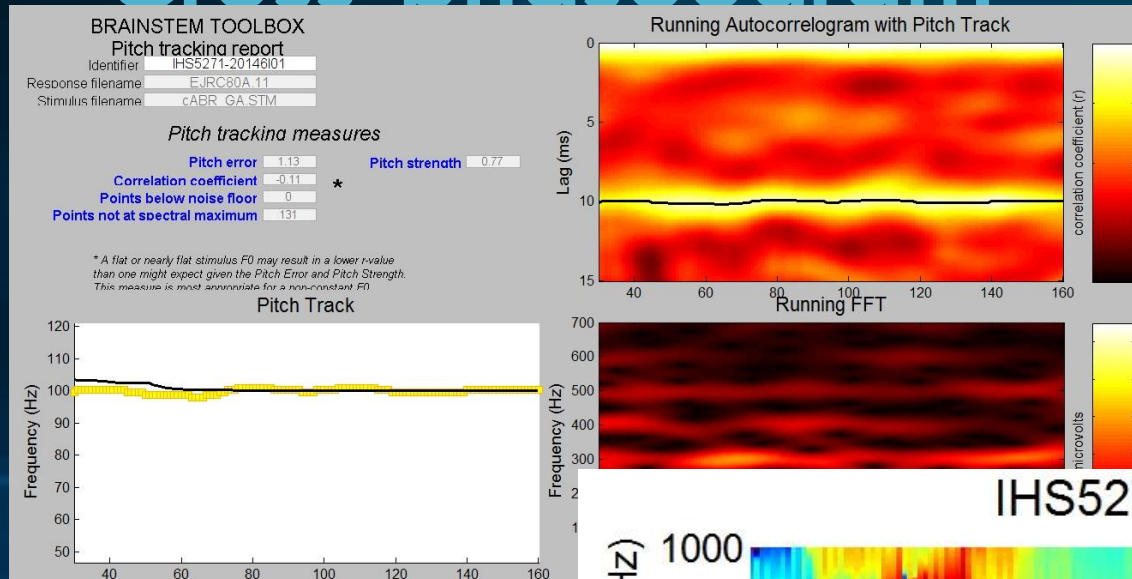
- Behavioral tests:
  - SSW: 48 errors (expected = 22). This is  $-5.3$  SD. + Reversals.
  - DD: WNL (but she is young, so expected performance = 55%)
  - CS: standard score of 7 (16<sup>th</sup> percentile)
  - AFG +8 dB: standard score of 9 (37<sup>th</sup> percentile)
  - AFG 0 dB: standard score of 3 (1<sup>st</sup> percentile)
- Electrophysiological:
  - DA: late Wave A, late Wave O, poor slope
  - GA/BA: OK. PitchTracking OK, Cross-phaseogram OK.

# EJ: DA Latencies

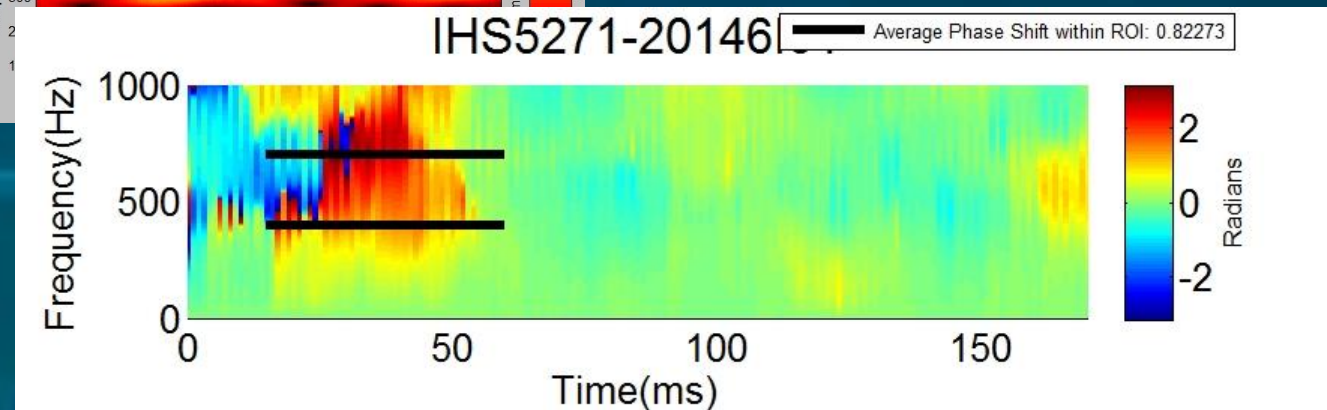
<b>Norms: 8-11 years</b>	<b>Wave V</b>	<b>Wave A</b>	<b>Wave D</b>	<b>Wave E</b>	<b>Wave F</b>	<b>Wave O</b>
Expected No greater than:	6.77	7.81	22.58	31.50	39.64	48.35
<b>Right Ear</b>	6.35	<b>7.90</b>	<b>22.68</b>	30.90	39.25	<b>48.45</b>
<b>Left Ear</b>	6.40	7.58	22.13	30.48	38.93	47.98



# EJ: Pitch Tracking and Cross-phaseogram



normal ↘



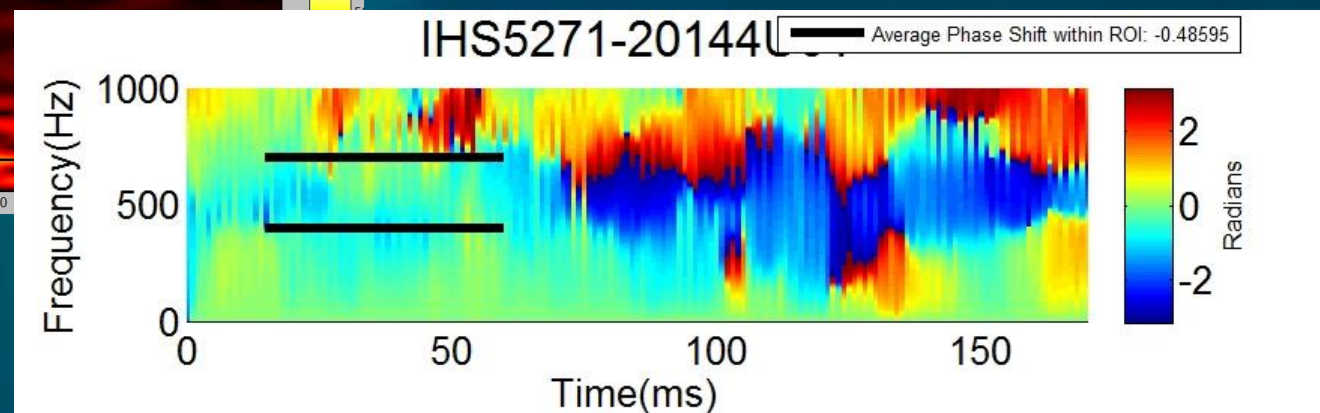
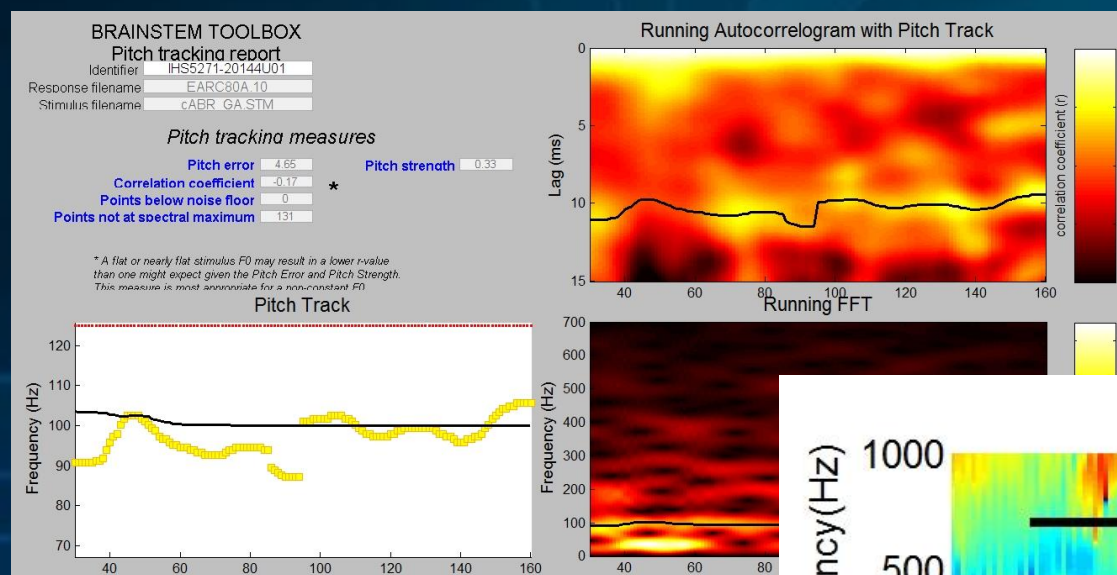
## EA: cABR not normal

- 18 years old
  - Born with severe jaundice, medically treated. History of otitis media. OK start with sp/lang, but regression at 18 mo. Speech Tx 3-6 yrs. Unintelligible even to parents.
  - Difficulty learning to read. Presently in online high school to avoid noisy environments (classroom)
  - Difficulty understanding in any auditory competition. Difficulty talking on telephone. Poor auditory memory. Poor at multi-part directions.
  - Non-singer. Muddles song lyrics.

# EA: Test results

- Behavioral results:
  - SSW: 17 errors (under 6 is normal) (This is -7 SD)
  - DD: 82%/67% (where expected is 90%/90%)
  - Quick SIN: 4 dB/4 dB
- Electrophysiological results:
  - Clicks: Wave V at 7.40 (cut-off is 6.30)
  - DA: All latencies delayed. Poor slope. Poor correlations.
  - GA/BA: Poor S-R. Poor Pitch Tracking. Poor cross-phaseogram.

# EA: Pitch-tracking and Cross-phaseogram





# RJ: Noise Exclusion Deficit

- Complaint: difficulty hearing in noise
  - Can't hear in classroom
  - Misses instructions from dance coach
- Previously diagnosed with APD 3 years ago
- Hx of reading difficulty, other siblings with APD (and Asperger's), poor at rapid/degraded speech, poor auditory memory

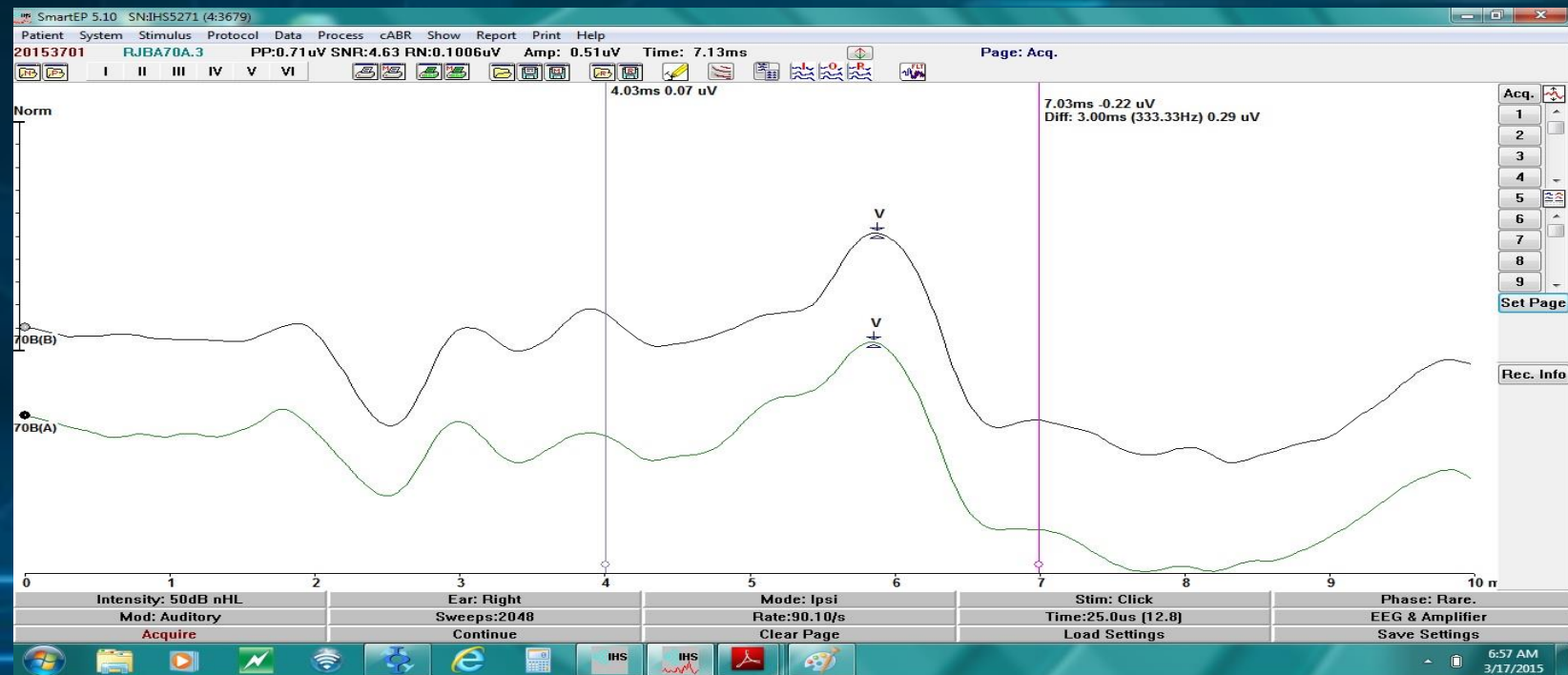


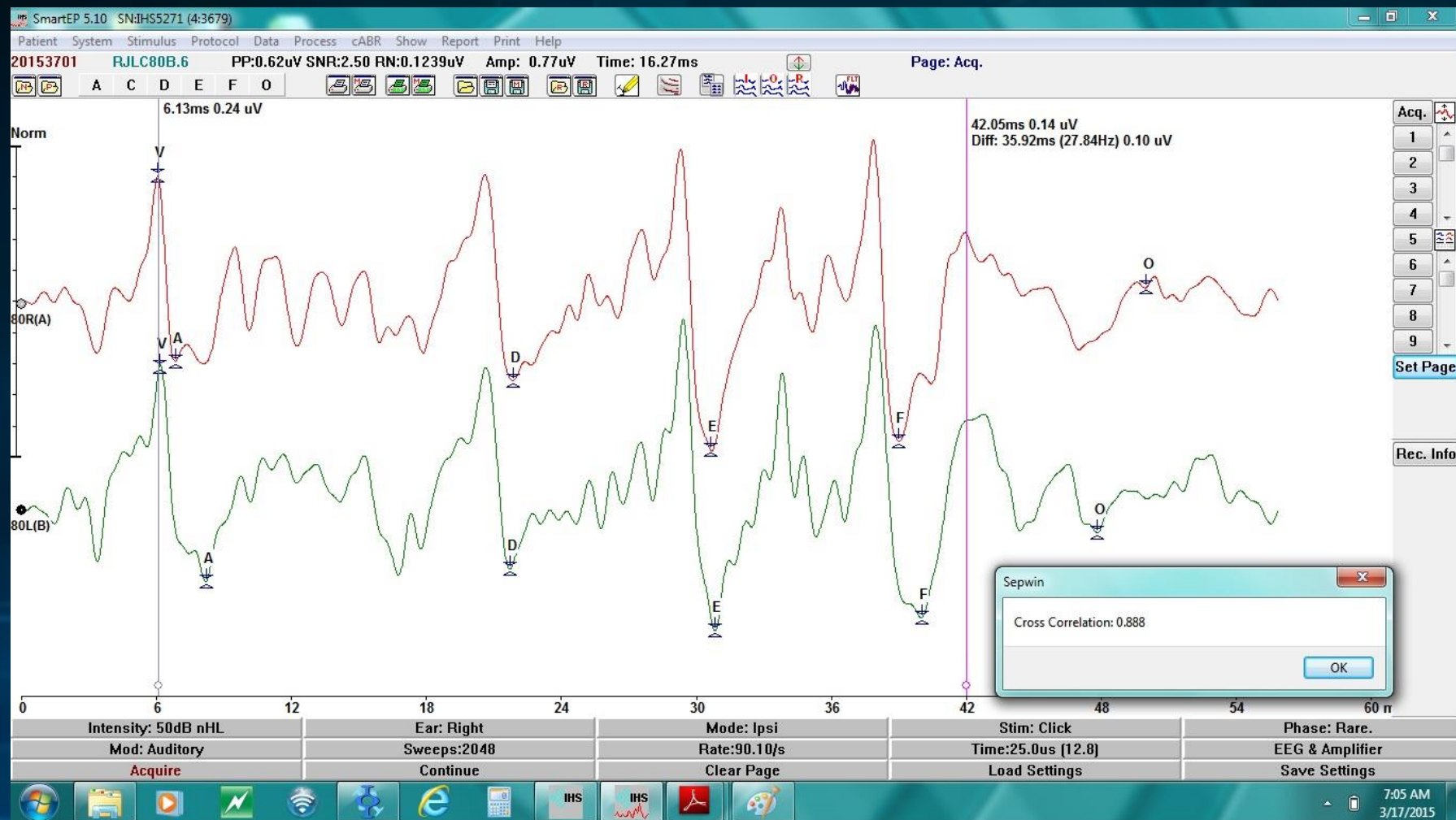
## RJ: Behavioral

- SSW: exactly -2 SD
- DD: OK
- QuickSIN: exactly -2 SD (3 dB SNR both ears)
- LISN-S: Spatial deficit (-3.9 SD); borderline for Talker deficit (-1.9 SD)
- Pitch Patterns: passed (but has music/dance experience)

# RJ: Electrophysiological

- Clicks: WNL
- 40 msec DA: delayed Wave A and O







## BRAINSTEM TOOLBOX

### Pitch tracking report

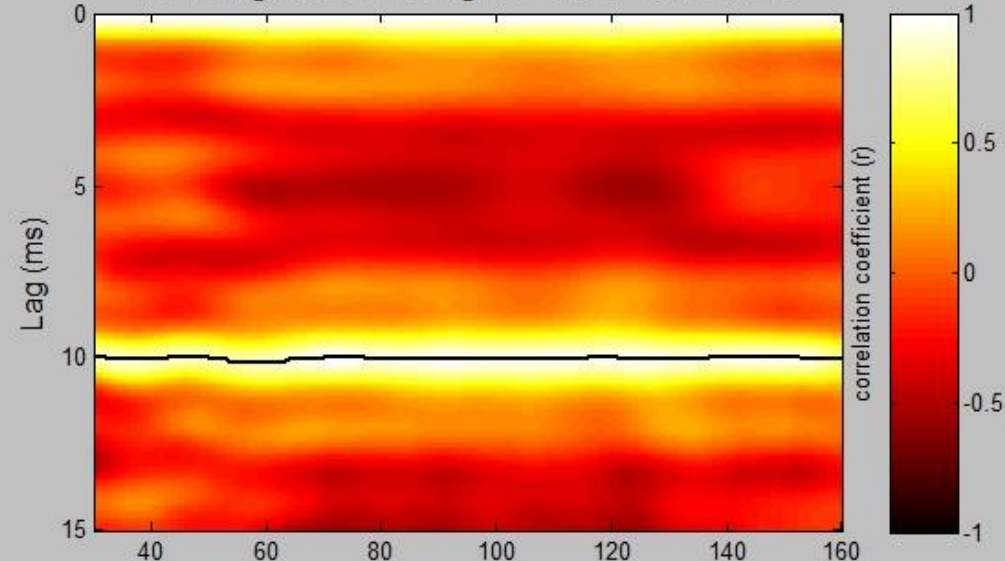
Identifier: IHS5271-20153701  
Response filename: RJRC80A.12  
Stimulus filename: cABR\_GA.STM

#### Pitch tracking measures

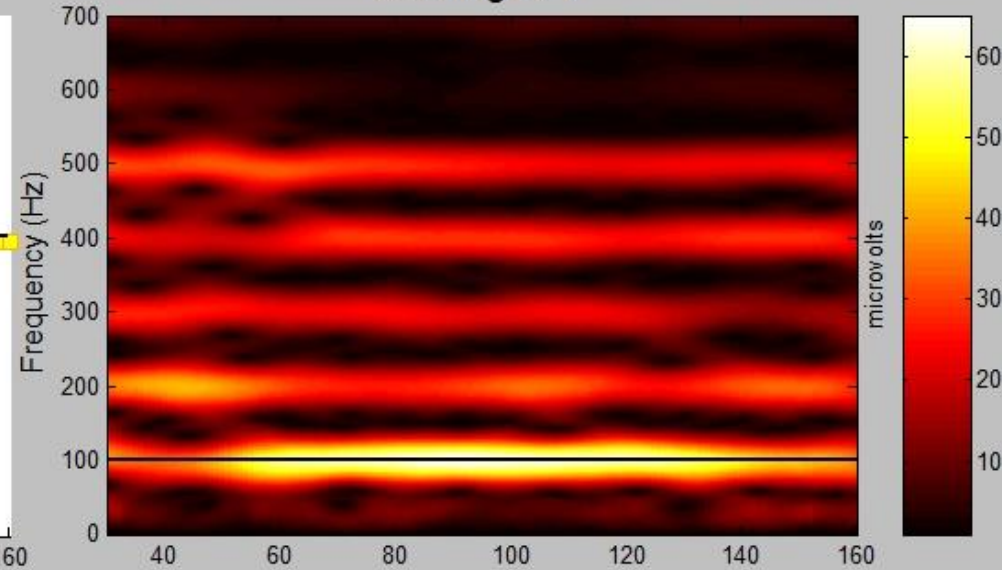
Pitch error: 1.02      Pitch strength: 0.96  
Correlation coefficient: 0.08 \*  
Points below noise floor: 0  
Points not at spectral maximum: 131

\* A flat or nearly flat stimulus F0 may result in a lower r-value than one might expect given the Pitch Error and Pitch Strength. This measure is most appropriate for a non-constant F0.

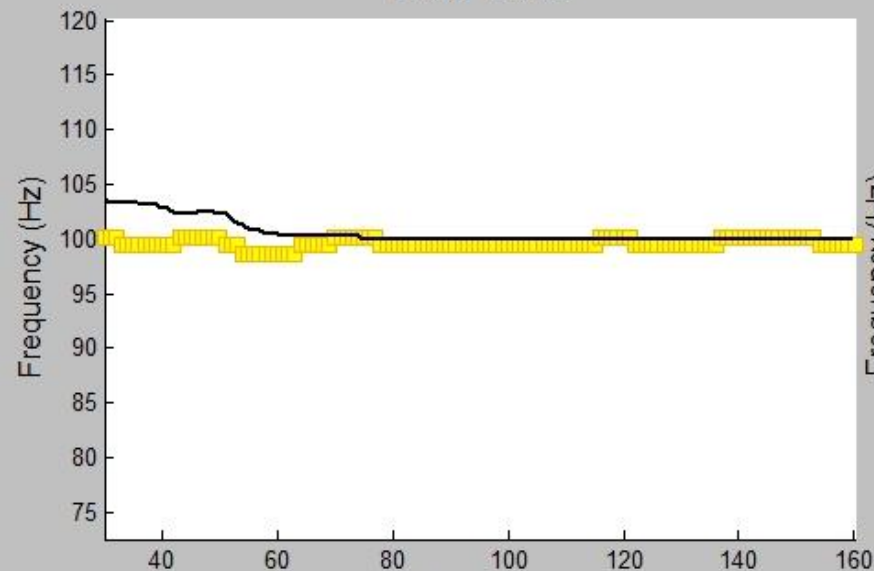
#### Running Autocorrelogram with Pitch Track



#### Running FFT

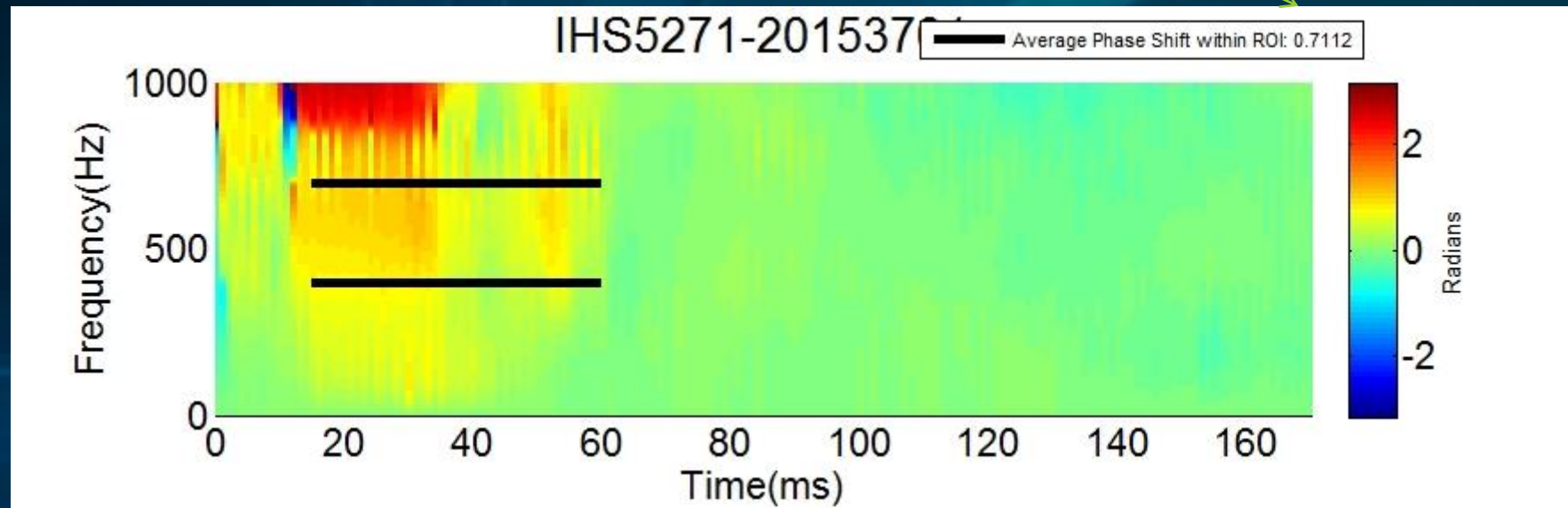


#### Pitch Track





normal



# RJ Slope Measurements

<i>Slope of Wave V/A Complex</i>	Amplitude in $\mu\text{V}$	Duration in msec	Slope
<b>Cutoff:</b>	Greater than 0.30	Less than 1.40	Greater than 0.30
<b>Right Ear</b>	0.45	0.80	0.56
<b>Left Ear</b>	0.43	<b>2.05</b>	<b>0.20</b>

Outside of normal limits

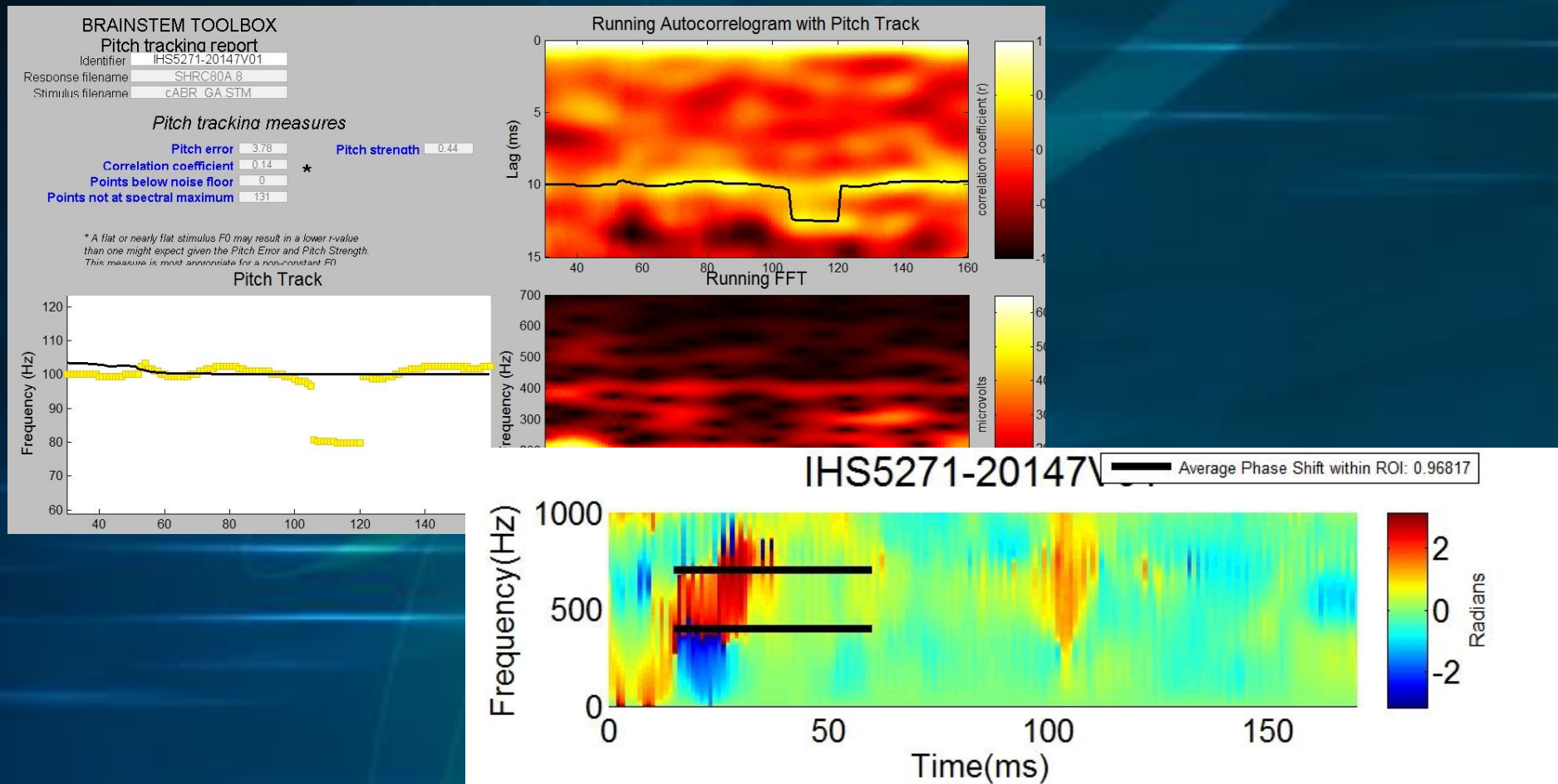


# SKH: atypical APD

- 52 Years of age.
- Reported no Auditory Processing difficulties in last 5 years. Previously heard well in noise, on telephone, good at multi-tasking.
- Now: cannot understand in any auditory competition. Cannot go to restaurant. Cannot go to movies (watches movies on computer to use closed captions). Poor auditory memory. Forgets how to say a word. Cannot understand song lyrics.
- Increasingly photophobic.

# SKH

- Behavioral tests:
  - SSW: WNL
  - DD: WNL
  - Quick SIN: WNL
- Electrophysiological tests:
  - Clicks: Wave V at 7.0 (very late). Poor correlations.
  - DA: R ear generally OK. L: multiple late waves. Poor slope.
  - GA/BA: poor S-R correlations. Poor Pitch Tracking.





# Conclusions

- 1. cABR provides objective measure
- 2. free from confounds
- 3. that can be used in clinic.
- 4. information to build a clinical protocol is available.