Diseases of the ear, and other sense organs

Trainee Handout

**Table of Contents**

[Objectives 2](#_Toc441131151)

[References 3](#_Toc441131153)

[Topic 1: Diseases of the ear, and other sense organs 4](#_Toc441131154)

[Practical Exercise 9](#_Toc441131155)

Objectives

* Demonstrate a general understanding of how to rate diseases of the ear and other sense organs

References

* [**38 CFR 4.87, Schedule of Ratings - Ear**](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_87.htm)
* [**38 cfr 4.87a Schedule of Ratings—Other Sense Organs**](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_87a.htm)
* [**38 CFR 3.350, Special monthly compensation ratings**](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_350.htm)
* [**3.383 - Special consideration for paired organs and extremities**](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_383.htm)
* [**M21-1, Part III, Subpart iv, 4, B - Conditions of the Organs of Special Sense**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#!agent/portal/554400000001034/article/554400000014195/M21-1-Part-III-Subpart-iv-Chapter-4)

Topic 1: diseases of the ear, and other sense organs

**Diseases of the Ear (DC 6200 - 6260)**

**6200 Chronic suppurative otitis media, mastoiditis, or cholesteatoma: (o-ti'tis**

**me'de-ah, sup'u-ra tiv) (mas toid-i'tis)**

Effective June 10, 1999, these three conditions are rated under one diagnostic code as the conditions are closely related and their manifestations may be essentially the same. The conditions may exist with or without suppuration. However, two or more of these conditions, all of which are interrelated, commonly coexist, and their manifestations may be very similar.

Chronic suppurative otitis media is an inflammation of the middle ear characterized by hyperemia of the mucous membrane of the middle ear, including the inner wall of the tympanic membrane. This may be followed by pain and perforation of the membrane through which pus discharges into the external canal.

Mastoiditis is an inflammation of the mastoid antrum. It is a complication of otitis media. Bony necrosis of the mastoid process and breakdowns of the bony intercellular structures occur. With this process, there is continued drainage from the middle ear, mastoid tenderness, systemic manifestations of headache and fever and x-ray evidence of bone destruction.

Cholesteatoma is a special variety of chronic otitis media. The most common cause is prolonged auditory tube dysfunction, with resultant chronic negative middle ear pressure that draws inward the upper flaccid portion of the tympanic membrane. This creates a squamous epithelial-lined sac, which - when its neck becomes obstructed - fills with desquamated keratin and becomes chronically infected.

* During suppuration, or with aural polyps 10%

**Note (1):** Evaluate hearing impairment, and complications such as labyrinthitis, tinnitus, facial nerve paralysis, or bone loss of skull, separately.

**6201 Chronic nonsuppurative otitis media with effusion (serous otitis media):**

When the auditory tube remains blocked for a prolonged period, the resultant negative pressure will result in transudation of fluid. This condition, known as serous otitis media, is especially common in children because their auditory tubes are narrower and more horizontal in orientation than adults.

* Rate hearing impairment.

**6202 Otosclerosis: (o to-skle-ro'sis)**

A disease of the bony labyrinth causing ossification of the foot plate in the oval window. The condition causes conductive deafness, which will be discussed elsewhere.

* Rate hearing impairment.

**6204 Peripheral vestibular disorders:**

Lesions of the eighth cranial nerve and central audiovestibular pathways produce neural hearing loss and vertigo. Vertigo arising from central lesions tends to be more chronic and debilitating than that seen in labyrinthine disease. This term was added to the rating schedule on June 10, 1999.

Vertigo is either a sensation of motion when there is no motion or an exaggerated sense of motion in response to a given bodily movement. Thus, vertigo is not just “spinning” but may present, for example, as a sense of tumbling, of falling forward or backward or of the ground rolling beneath one’s feet (“earth-quake-like”).

* Dizziness and occasional staggering 30%
* Occasional dizziness 10%

**Note**: Objective findings supporting the diagnosis of vestibular disequilibrium are required before a compensable evaluation can be assigned under DC 6204. Hearing impairment or suppurations shall be separately rated and combined.

**6205 Meniere's syndrome (endolymphatic hydrops): (’men-yerz)**

Meniere’s syndrome results from distention of the endolymphatic compartment of the inner ear. The primary lesion appears to be in the endolymphatic sac, which is thought to be responsible for endolymph filtration and excretion. Although a precise cause of hydrops cannot be established in most cases, two known causes are syphilis and head trauma.

The classic syndrome consists of episodic vertigo, usually lasting 1-8 hours; low-frequency sensorineural hearing loss, often fluctuating; tinnitus, usually low-tone and “blowing” in quality; and a sensation of aural pressure.

* Hearing impairment with attacks of vertigo and cerebellar gait occurring more than once weekly, with or without tinnitus 100%
* Hearing impairment with attacks of vertigo and cerebellar gait occurring from one to four times a month, with or without tinnitus 60%
* Hearing impairment with vertigo less than once a month, with or without tinnitus 30%

**Note:** Evaluate Meniere’s syndrome either under these criteria or by separately evaluating vertigo (as a peripheral vestibular disorder), hearing impairment, and tinnitus, whichever method results in a higher overall evaluation. But do not combine an evaluation for hearing impairment, tinnitus, or vertigo with an evaluation under diagnostic code 6205.

**6207 Auricle: (aw're-kl)**

An auricle is that portion of the external ear not contained within the head; the pinna or flap of the ear.

* Complete loss of both 50%
* Complete loss of one 30%
* Deformity of one, with loss of one-third or more of the substance 10%

**6208 Malignant neoplasm of the ear (other than of skin only):**

* Active and during treatment 100%

**Note:** A rating of 100 percent shall continue beyond cessation of any surgical, radiation treatment, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based on that or subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals

**6209 Benign neoplasms of the ear (other than of skin only):**

* Rate on impairment of function

**6210 Chronic otitis externa:**

Inflammation of the external ear.

* Swelling, dry and scaly or serous discharge, and itching requiring frequent and prolonged treatment 10%

**6211 Tympanic membrane, perforation of: (tim'pan-ik)**

This condition is the end result of ear disease, and rated as noncompensable, notwithstanding the fact that the intact membrane protects against invasion of the middle ear by disease through the external canal. The logic is that when there is such invasion, the invading disease is separately rated.

**Other Sense Organs (38 C.F.R. § 4.87a) (DC 6275, 6276)**

The following are diagnostically coded disabilities used to evaluate two organs of special sense.

**DC 6275 Sense of smell, complete loss**

The medical term for loss of smell is anosmia. It occurs when: intranasal swelling or other obstruction prevents odors from reaching the olfactory area; or the olfactory neuroepithelium is destroyed; or the olfactory bulbs and tracts or their central connections are destroyed.

* Sense of smell, complete loss 10%

Note: There must be an anatomical or pathological basis for assignment of the 10 percent rating for loss of sense of smell.

**DC 6276 Sense of taste, complete loss**

The medical term for loss of taste is Ageusia. Loss of taste is the loss of sensations affected by the tongue, the gustatory and other nerves and the gustation center.

* Sense of taste, complete loss 10%

Note: There must be an anatomical or pathological basis for assignment of the 10 percent rating for loss of sense of taste.

**M21-1, Part III. Subpart iv.4.B.** Considering Service Connection for Development of Subsequent Ear Infection

If the disease of one ear, such as chronic catarrhal otitis media or otosclerosis, is held as the result of service, the subsequent development of similar pathology in the other ear must be held due to the same cause if

* the time element is not manifestly excessive, a few years at most, and
* there has been no intercurrent infection to cause the additional disability.

***Note***: If there is continuous SC infection of the upper respiratory tract, the time cited for the purpose of service connecting infection of the second ear should be extended indefinitely.

Practical Exercise

Directions:

1. Suppurative otitis media will be rated separately under its own diagnostic code and a separate evaluation will be assigned for hearing loss, if applicable.

a. true

b. false

2. What is the propoer evaluation for perforation of the tympanic membrane;

1. 10 percent
2. 0 percent
3. 20 percent
4. None of the above Rate based on hearing loss criteria

3. When a disease of one ear is service connected, the subsequent development of similar pathology in the other ear with no intercurrent infection to cause the additional disability develops within a few years may be

1. denied as it did not manifest to a compensable degree within one year of separation
2. service connected only if a VA Examination concludes it is at least as likely as not related to the Veterans service
3. held due to the same cause, unless diagnosed in service
4. service connected for treatment purposes only

4. Loss of sense of smell and taste of an antotomical or pathological basis will be assigned which of the two Diagnostic Codes;

1. 6260 or 6209
2. 6275 or 6276
3. 6210 or 6211
4. None of the above

5. In order to grant a compensable evaluation for Peripheral vestibular disorder there must be

1. Objective evidence of a vestibular disequilibrium diagnosis
2. Bilateral hearing loss
3. Meniere’s disease
4. Loss of auricle