

Letters to the Editor

Clinical Otosclerosis

Dear Sir,

The prevailing experience of the steady decline of patients admitted for stapedectomy, appears to have been substantiated by the report of Moriarty on 'Stapes surgery: implications for training', published in the *J.L.O.* 1990; **104**: 203–205.

Whether or not it could be taken as a measure of the falling rate of 'Clinical otosclerosis' will have to be confirmed. The recent great advances in the early clinical diagnosis of otosclerosis seem, at any rate, to rule out the possibility that many patients presenting with otosclerotic hearing loss might have been missed.

The pathogenesis of otosclerosis has remained obscure.

Immunocytochemical investigations have shown that various cells of the otosclerotic (otospongiotic) tissue expressed antigens of the paramyxoviruses mumps and measles and of the togavirus rubella (Arnold and Freidmann, 1988; Arnold *et al.*, 1989).

Filamentous structures resembling viral nucleocapsids (measles) have also been described in otosclerotic lesions from two patients (McKenna *et al.*, 1986).

Considering the intensive immunization against these viruses in many countries it could be argued that, in consequence, the pathogenesis of otosclerosis might have been modified, contributing to its declining rate of incidence.

It would be of interest to ascertain the vaccination history of

any patient admitted for stapedectomy. Also the incidence of 'Latent otosclerosis'—considered to be about 10 per cent in autopsy cases—should be studied in the relevant age groups (Engstrom, 1940).

Yours faithfully,

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