

## BACKGROUND

Research suggests that children with unilateral hearing loss (UHL) and single-sided deafness (SSD) exhibit deficits in spatial hearing and consequently have poorer speech comprehension in noise and localization abilities compared to their normal hearing peers. These children are more likely to repeat grades in school and experience poorer quality of life outcomes (Lieu et al., 2010). Current treatment options for UHL in children with aidable hearing include conventional hearing aids, bone-anchored hearing aids (BAHA), contralateral-routing-of-the-signal (CROS) hearing aids, FM-systems, and no intervention. For children with profound UHL there is currently no option that will provide sufficient amplification to the impaired ear because candidacy criteria for cochlear implantation in SSD do not yet include children; however, benefit with this intervention has been demonstrated in adults and in preliminary research in children.

## RESEARCH QUESTION

In children with single-sided deafness (SSD), how do outcomes in those with cochlear implants compare to children with SSD receiving conventional interventions or no intervention?

## METHODS

### Databases Searched:

- PubMed, CINAHL, Scopus

### Timeframe:

- January 2000 until January 2019

### Key Search Terms included variations on:

- (1) child, (2) single-sided deafness, and (3) cochlear implant
- Full search terms available upon request.

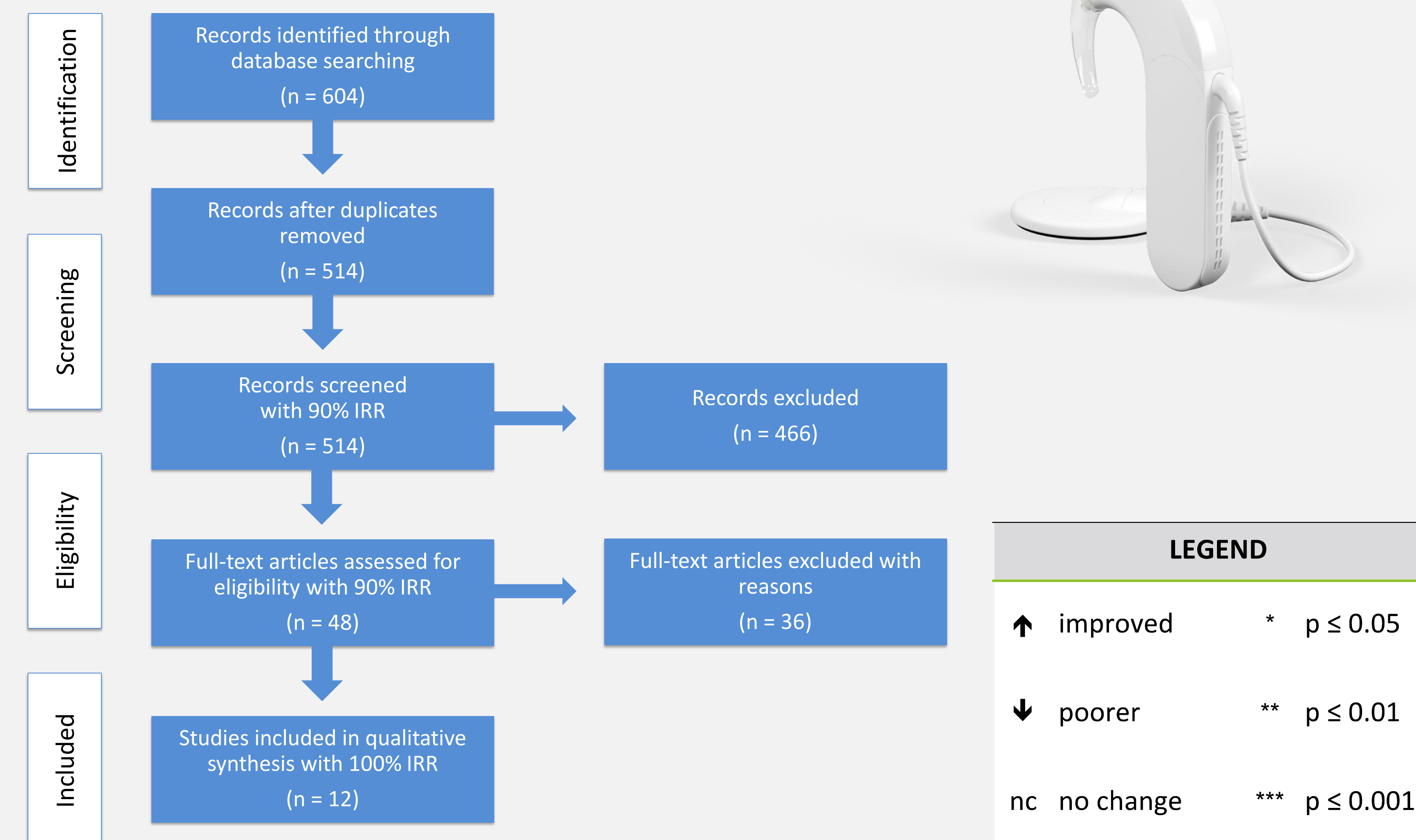
Inclusion	Exclusion
Children (0-17 years)	Adults (18+ years)
Severe-to-profound sensorineural hearing loss in one ear with aidable hearings in the contralateral ear	Conductive hearing loss Bilateral severe-to-profound hearing loss
All etiologies, ethnicities, genders, socioeconomic status	Non-English articles
Experimental and non-experimental designs Between-subject and single-subject designs	Grey literature

### Review Process Standards & Protocol:

- Independently conducted by the three authors
- ≥ 20% of articles double-reviewed at all levels of review
- Inter-rater reliability (IRR) calculated for each stage
- Quality appraisal(s) conducted on all articles eligible for inclusion in the final synthesis
- Data extraction completed on included studies

## RESULTS

### PRISMA DIAGRAM



Objective Measures							
Reference	Sample (n)	Speech in Noise			Localization		Evidence Quality
		S <sub>0</sub>   N <sub>0</sub>	S <sub>SSD</sub>   N <sub>NH</sub>	S <sub>NH</sub>   N <sub>SSD</sub>	0°	±90°	
Arndt et al. (2015)	9	↑	↑*		↑*		Good
Cañete et al. (2017)	1	nc	↓	↑	↑		Lesser
Hassepass et al. (2013)	2	↑*	↑*	nc	↑*		Lesser
Ramos Macías et al. (2016)	2	↑					Lesser
Sladen et al. (2017)	6	nc					Lesser
Távora-Vieira & Rajan (2015)	1	↑	↑	↑	↑		Lesser
Thomas et (2017)	14	↑***	↑**	↑*	nc	↑***	Good

Subjective Measures					
Reference	Sample (n)	SSQ			Evidence Quality
		Speech	Spatial	Quality	
Arndt et al. (2015)	9	↑*	↑*	↑*	Good
Beck et al. (2017)	9	↑**	↑**	↑**	Lesser
Cañete et al. (2017)	1	↑	↑	↑	Lesser
Hassepass et (2013)	2	↑*	↑*	↑	Lesser
Ramos Macías et al. (2018)	34	↑***	↑***	↑***	Lesser
Thomas et al. (2017)	21	↑***	↑***	↑**	Good

## CONCLUSIONS/LIMITATIONS

- Most studies report improvement in speech in noise and localization tasks following cochlear implantation
- Large, controlled studies are lacking on outcomes in children with SSD who undergo cochlear implantation
- Limitations:
  - Studies with comparator groups (other interventions) did not appear with the employed search strategy
  - Strategy excluded grey literature and non-English research articles
  - Heterogeneity in measures used across studies
  - Lack of reported mean values or statistical significance in studies
- The research question addressed could not be answered due to the lack of high-quality, controlled studies

## FUTURE RESEARCH

- Conduct larger, controlled studies
- Include effect size in future data
- Replicate testing measures and protocols across studies to improve homogeneity
- Examine etiology and its role in outcomes
- Address expanded candidacy criteria for this population

## BIBLIOGRAPHY

- Arndt, S., Prosse, S., Laszig, R., Wesarg, T., Aschendorff, A., & Hassepass, F. (2015). Cochlear implantation in children with single-sided deafness: Does aetiology and duration of deafness matter? *Audiology & Neurotology*, 20(1), 21–30.
  - Beck, R. L., Aschendorff, A., Hassepass, F., Wesarg, T., Kröger, S., Jakob, T. F., & Arndt, S. (2017). Cochlear implantation in children with congenital unilateral deafness: A case series. *Otology & Neurotology*, 38(10), e570–e576.
  - Cañete, O. M., Purdy, S. C., Neef, M., Brown, C. R. S., & Thorne, P. R. (2017). Cortical auditory evoked potential (CAEP) and behavioural measures of auditory function in a child with a single-sided deafness. *Cochlear Implants International*, 18(6), 335–346.
  - Hassepass, F., Aschendorff, A., Wesarg, T., Kröger, S., Laszig, R., Beck, R. L., Schild, C., & Arndt, S. (2013). Unilateral deafness in children: audiologic and subjective assessment of hearing ability after cochlear implantation. *Otology & Neurotology*, 34(1), 53–60.
  - Lieu, J. E., Tye-Murray, N., Karzon, R. K., & Piccirillo, J. F. (2010). Unilateral hearing loss is associated with worse speech-language scores in children. *Pediatrics*, 125(6), e1348–e1355.
  - Ramos Macías, A., Borkoski-Barreiro, S. A., Falcón González, J. C., & Ramos de Miguel, Á. (2016). AHL, SSD and bimodal CI results in children. *European Annals of Otorhinolaryngology, Head and Neck Diseases*, 133(1), S15–20.
  - Ramos Macías, A., Borkoski-Barreiro, S. A., Falcón González, J. C., de Miguel Martínez, I., & Ramos de Miguel, Á. (2018). Single-sided deafness and cochlear implantation in congenital and acquired hearing loss in children. *Clinical Otolaryngology*, 44(2), 138–143.
  - Sadacharam, M., Warner, L., Henderson, L., Brown, N., & Bruce, I. A. (2016). Unilateral cochlear implantation in children with a potentially useable contralateral ear. *Cochlear Implants International*, 17(1), 55–58.
  - Sladen, D. P., Frisch, C. D., Carlson, M. L., Driscoll, C. L. W., Torres, J. H., & Zeitler, D. M. (2017). Cochlear implantation for single-sided deafness: A multicenter study. *The Laryngoscope*, 127(1), 223–228.
  - Távora-Vieira, D., & Rajan, G. P. (2015). Cochlear implantation in children with congenital and noncongenital unilateral deafness: a case series. *Otology & Neurotology*, 36(2), 235–239.
  - Thomas, J. P., Neumann, K., Dazert, S., & Voelter, C. (2017). Cochlear Implantation in Children With Congenital Single-Sided Deafness. *Otology & Neurotology*, 38(4), 496–503.
  - Tzifa, K., & Hanvey, K. (2013). Cochlear implantation in asymmetrical hearing loss for children: our experience. *Cochlear Implants International*, 14(4), S56–61.
  - Zeitler, D. M., Sladen, D. P., DeJong, M. D., Torres, J. H., Dorman, M. F., & Carlson, M. L. (2019). Cochlear implantation for single-sided deafness in children and adolescents. *International Journal of Pediatric Otorhinolaryngology*, 118, 128–133.
- Images  
1. [Cochlear Implant]. (n.d.). Retrieved February 10, 2019, from <https://www.medel.com/us/news-room-us/>. Copyright 2019 by MED-EL.

## ACKNOWLEDGEMENTS

This systematic review was completed as a project for SPHS 701: Introduction to Research Methods. The authors would like to thank Jessica Steinbrenner and Thomas Page for their guidance.