A 60-year-old woman with history of multineuritis and hepatitis C virus (HCV) infection suddenly developed bilateral asymmetric sensorineural hearing loss (SNHL). Laboratory panel found a HCV load of 2,031,900 UI/mL and a type II mixed cryoglobulinemia. Brain MRI revealed asymmetric contrast enhancement of right cochlea (figure 1). Sural nerve biopsy showed indirect signs of vasculitis (figure 2). Many viruses have been described as cause of SNHL while its association with HCV has been reported only as complication of antiviral therapy.1,2 Our diagnosis was HCV-related vasculitis with bilateral cochlear involvement. MRI can be negative in SNHL,3 and in our case did not show any abnormality on the left side, but revealed inflammation in the right cochlea.

REFERENCES
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