A 54-year-old man with recurrent frontal malignant glioma with invasive growth into the frontal sinus, skull base, nasal cavity, and right orbit developed concurrent rhinoliquorrhea, pneumocephalus, and objective tinnitus after tumor resection. The tinnitus was audible for both the patient and people in his vicinity (video 1). The sound was not pulse-synchronous and accentuated upon upright positioning. Tinnitus and rhinoliquorrhea remitted simultaneously after approximately 3 months, implying a causative iatrogenic dural leak. This phenomenon has not been described previously, with objective tinnitus typically being caused by vascular malformations, venous hum from the internal jugular vein, or myoclonus.\textsuperscript{1,2}

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The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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**References**

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