A 66-year-old woman presented with right-sided hearing loss, insidious in onset. Otoscopic examination showed pulsation of the tympanic membrane in a seated position (Video 1) which diminished on lying down. A CT venogram of the auditory canal showed a dehiscent right jugular bulb along the hypotympanic surface (Figures 1 and 2). A dehiscent jugular bulb develops because of the absence of sigmoid plate separating the bulb from the middle ear. It appears as blue mass behind the tympanic membrane which may distend with Valsalva or internal jugular vein compression. Affected individuals, while often asymptomatic, can experience conductive/sensorineural hearing loss, tinnitus, or vestibular dysfunction. The patient is followed with imaging periodically for disease progression. Over 10 years, her hearing has been stable. Neurologists should be familiar with the otoscopic appearance of auditory canal dehiscence as tinnitus, and vestibular dysfunction is a common presentation. Treatment involves reassurance and follow-up with serial imaging. Surgical or endovascular intervention is reserved for intolerable symptoms.

**Study Funding**
The authors report no targeted funding.
Figure 2  CT Venogram Coronal View: Dehiscence of Right Jugular Bulb (Blue Arrow) With Small Diverticulum Abutting the Umbo of the Malleus and Opacifying the Round Window

Disclosure
W.T. Siddiqui reports no disclosures relevant to the manuscript. M. Byrne reports no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

Appendix Authors

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waleed Tariq Siddiqi, MD, MPH</td>
<td>Griffin Hospital, Derby, CT</td>
<td>Acquisition of data and figure illustrations, drafting of the article and final approval</td>
</tr>
<tr>
<td>Maria Byrne, MD</td>
<td>Griffin Hospital, Derby, CT</td>
<td>Clinical care of the patient, critical review of article and final approval</td>
</tr>
</tbody>
</table>

References
Teaching Video NeuroImage: An Uncommon Cause of Hearing Loss
Waleed Tariq Siddiqui and Maria Byrne

Neurology 2021;97:e2150-e2151 Published Online before print July 7, 2021
DOI 10.1212/WNL.00000000000012469

This information is current as of July 7, 2021

Updated Information & Services
including high resolution figures, can be found at:
http://n.neurology.org/content/97/21/e2150.full

References
This article cites 2 articles, 0 of which you can access for free at:
http://n.neurology.org/content/97/21/e2150.full#ref-list-1

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
Clinical neurology examination
http://n.neurology.org/cgi/collection/clinical_neurology_examination
Clinical neurology history
http://n.neurology.org/cgi/collection/clinical_neurology_history
CT
http://n.neurology.org/cgi/collection/ct
Tinnitus
http://n.neurology.org/cgi/collection/tinnitus

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints
Information about ordering reprints can be found online:
http://n.neurology.org/subscribers/advertise