achieved consensus of expert microbiology opinion for reporting using a modified version of the Delphi technique.

**Results:** 487 reports were reviewed (54% female; 46% male). Pseudomonas species (36%), Staphylococcus species (21%), Streptococcus species (15%), and fungi (11%) predominated. Five reporting policies agreed. Policy 1: Common pathogens (above) — “Reported by name with antibiotic susceptibilities.” Policy 2: Pseudomonas species — “Always reported; antibiotic susceptibilities in severe disease.” Policy 3: Aspergillus, Candida, coliform etc — “Only reported if moderate numbers of colonies and predominant organism present; if appropriate report antibiotic susceptibilities.” Policy 4: Coagulase-negative staphylococci, diphtheroids — and enterococci, “generic terms used; susceptibilities not reported.” Policy 5: “When antibiotic susceptibilities reported, these should include susceptibility to a topical antibiotic.”

**Conclusion:** This paper provides microbiology laboratories with consensus reporting guidelines for ear swabs of otitis externa.

**Otology/Neurotology**

**Middle Ear Myoclonus: A Treatable Cause of Objective Tinnitus**
Caroline M. Kolb (presenter); Denby Fukuda; David Y. Healy, MD

**Objective:** 1) Describe the presentation of an underdiagnosed cause of objective tinnitus. 2) Review the current literature and present an algorithm on diagnosis and management of middle ear myoclonus. 3) Use video to demonstrate surgical ablation of the stapedial and tensor tympani tendons to alleviate middle ear myoclonus.

**Method:** This retrospective study analyzes the presentation and management of 6 patients diagnosed with middle ear myoclonus from 2009 to 2011. A review of the literature revealed 15 additional cases of middle ear myoclonus. An algorithm for the diagnosis and management of these patients is presented.

**Results:** We report on the diagnostic findings of 6 patients identified at a tertiary care medical center with middle ear myoclonus. Four of the 6 patients had a significant history of loud, explosive noise exposure during military deployments. Patients were diagnosed based on history, examination findings, and standard audiology testing using a nonstimulated, spontaneous acoustic reflex decay tracing. Fifteen additional reported cases of either stapedial or tensor tympani myoclonus were identified in the English language literature. Observation, medications, botulinum toxin, and surgical sectioning of the stapedius and/or tensor tympani were recognized treatments of this disorder.

**Conclusion:** Middle ear myoclonus is an underdiagnosed cause of objective tinnitus likely due to lack of familiarity with diagnostic findings. For symptomatic myoclonus, middle ear exploration with transection of the stapedius tendon, tensor tympani tendon, or both demonstrated the best outcomes, with 100% of patients achieving complete relief of tinnitus.

**Otology/Neurotology**

**Neurofeedback-Based, Vestibular Rehabilitation in Ménière Disease**
Arne Ernst, MD, PhD (presenter); Dietmar Basta, PhD

**Objective:** Report on the effects of a neurofeedback-based vestibular training (VT) with a recently developed vibractile prosthesis (VertiGuard RT) in patients with stage IV Ménière disease (due to AAO-HNS) and resulting otolith disorders (ie, macular degeneration).

**Method:** A total of 17 patients with long-standing, bilateral Ménière disease were diagnosed with accompanying otolith (macular) disorders. The patients were free of vertiginous (Ménière) attacks but complained of an increased sway in roll/pitch (DHI 56.3 mean). Otolith diagnostics (VEMP, eccentric rotation) revealed combined sacculo-utricular (12) and bilateral utricular (5) degeneration.

**Results:** All patients were tested with the standard balance deficit test, and the 6 worst test conditions were used for the neurofeedback-based training. Body sway could be reduced by 36% in roll and by 35% in pitch, and DHI scores were reduced by 25 points on average.

**Conclusion:** Neurofeedback-based vestibular rehab with a recently developed, vestibular prosthesis (VertiGuard RT) gives long-term, postural stability to patients with otolith degeneration as late sequelae of Ménière disease.

**Otology/Neurotology**

**Occlusion of the Round Window: A Novel Way to Treat Hyperacusis Symptoms in Superior Semicircular Canal Dehiscence**
Anirvan Banerjee, FRCS (presenter); Ali Nikkar-Esfahani, MD

**Objective:** Conductive hyperacusis in SSCDS occurs because of presence of a “third window.” This can cause an increased imbalance in the impedances looking out of the cochlear windows. Reversible blocking of the round window can minimize symptoms of conductive hyperacusis.

**Method:** The tympanomeatal flap is elevated through a permeal approach. The round window niche is identified, and the round window membrane is identified and occluded with bone wax and fascia in layers. Finally the tympanomeatal flap is reflected, and an ear wick is inserted.

**Results:** Two patients who have undergone the above procedure have reported great reduction in symptoms. Importantly, no Tullio phenomenon has been noted postoperatively.

**Conclusion:** In patients with SSCD syndrome who present with symptoms of conductive hyperacusis, blocking of the round