Correspondence

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Reply

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to Dr. Phelps' Letter:

Mondini and the Dysplastic Lateral Semi-Circular Canal

Dear Professor Arnold,

Thank you very much for giving us the opportunity to reply to Dr. Phelps' arguments concerning our article entitled 'Bilateral Mondini Dysplasia with Normal Hearing' [ORL 1993;55:143-146].

We are aware of the fact that some authors have claimed that the inner ear deformity in which the cochlea is normal and the lateral semicircular canal is broad, short, and confluent with the vestibule is a syndrome different from true Mondini dysplasia, which was mentioned in our article. However, Schuknecht referred to this deformity as 'Mondini dysplasia limited to the vestibulo-lar system', and nobody has argued against this criteria since. Therefore our case could be regarded as a subtype of Mondini dysplasia.

As to the risk of CSF otorrhea in Mondini dysplasia, Phelps may be correct if Mondini dysplasia is defined restrictively as the classical Mondini deformity. However, Mondini dysplasia according to Schuknecht's criteria apparently has a high risk of CSF otorrhea.

In our article we were not discussing whether our case was a true Mondini deformity or not: we were trying to find the patho-genesis of dizziness in our patient, which was probably due to repeated CSF leak.

We understand Phelps' opinion, but we still adhere to the expanded criteria of Schuknecht, which seems reasonable. We believe that there must be various combinations of malformations of the osseous labyrinth, and classical Mondini dysplasia is probably one of them.

We hope that otologists and radiologists will reach a consensus concerning the classification of this anomaly as soon as possible and greatly appreciate Dr. Phelps' useful and important comments on our article and that you gave us the opportunity to reply to Dr. Phelps' arguments.

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