

letters

Reply to Comment on Ahmad et al. *Ann Saudi Med* 2011;31:24-8

Thank you for the interest in the article¹ and valuable remarks given.² Our comments are as follows:

TEOAE is used in the protocol for universal hearing screening in our set up because of its cost-effectiveness for a large-scale newborn population. It is undoubtedly true that automated auditory brainstem response (AABR) is superior in term of specificity as compared to the TEOAE alone, as described in the Brazilian study.³ However, as far as other limitations are concerned, for example, the cost, manpower of trained personnel and duration of the procedure, our centre opted to use TEOAE. In the future, if the hurdles are reduced, the direction is towards the AABR as a standard screening tool.

Multiple auditory steady state response (MSSR) is still not widely used as a screening tool because it is still under study. Although the diagnostic sensibility and specificity of the MSSR semi-automatic screening system was 100% and 96%, respectively, as the author correctly concluded its use in the context of universal newborn hearing screening program may necessitate further technological improvements.⁴

Though it has been documented that mutations in the GJB2 gene are responsible for half of the cases of autosomal recessive, non-syndromic hearing loss with the 35 delG mutation to be the commonest, but it may not be true in the other populations including ours.⁵ Therefore, different kits may be needed for different races if molecular genetic screening is to be applied in the mass screening as in the context of universal hearing screening program.

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REFERENCES

1. Ahmad A, Mohamad I, Mansor S, Daud MK, Sidek D. Outcome of a newborn hearing screening program in a tertiary hospital in Malaysia: The first five years. *Ann Saudi Med* 2011;31:24-8.
2. Al-Mendalawi MD. Comment on: Outcome of a newborn hearing screening program in a tertiary hospital in Malaysia: The first five years. *Ann Saudi Med* 2011;31:316-7.
3. Freitas VS, Alvarenga Kde F, Bevilacqua MC, Martinez MA, Costa OA. Critical analysis of three newborn hearing screening protocols. *Pro Fono* 2009;21:201-6.
4. Mijares Nodarse E, Herrera Alonso D, Gaya Vasquez J, Santos Febles E, Cecilia Perez Abalo M, Mendez Alarcon L, et al. Newborn hearing screening test with multiple auditory steady-state responses. *Acta Otorrinolaringol Esp* 2011 62:87-94. Epub 2011 Jan 6.
5. Siti Aishah Z, Mohd Khairi MD, Normastura AR, Zafarina Z, Zilfalil BA. Screening for gap junction protein beta-2 gene mutations in Malays with autosomal recessive, non-syndromic hearing loss, using denaturing high performance liquid chromatography. *J Laryngol Otol* 2008;122:1284-8.