

# Cochlear Implantation in Patients with Keratitis-Ichthyosis-Deafness Syndrome: A Systematic Review

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## INTRODUCTION

- Keratitis-Ichthyosis-Deafness (KID) syndrome is a rare congenital disorder identified by triad of vascularizing keratitis, hyperkeratosis, and profound sensorineural hearing loss
- Presence of skin debris and chronic otitis may render conventional hearing aids ineffective, and progressive visual impairment may preclude use of sign language

## OBJECTIVE

This study aims to assess the unique challenges and outcomes associated with cochlear implantation (CI) in this patient population

## METHODS

- Comprehensive search of PubMed, Web of Science, and Embase from database inception to present day (November 2024) was conducted in compliance with PRISMA\* guidelines
- Search strategy developed using Medical Subject Headings and other keywords
- Eligible studies met the following inclusion criteria: 1) patients diagnosed with Keratitis-Ichthyosis-Deafness Syndrome; 2) patients with no prior diagnosis of ear-related skin conditions other than Keratitis-Ichthyosis-Deafness Syndrome; 3) case reports, studies, or series; and 4) published in English
- Selected studies examined for patient demographics, lateralization of first CI (and second when applicable), previous use of hearing aids, CI model utilized, and length of follow-up
- A qualitative synthesis of post-operative complications, long-term outcomes, and consistent use of CI was employed for all of the studies
- Studies with one- or both-sided pre-operative hearing threshold measurements were grouped to determine average pre-operative hearing threshold on either side
- When possible, hearing improvement was calculated by subtracting post-operative hearing perception from aided pre-operative hearing perception

## RESULTS

- 9 articles met the inclusion criteria, comprising a total of 13 patients and 17 ears
- **Table 1** details study characteristics and patient demographics; **Table 2** summarizes pre- and post-operative hearing thresholds
- There was one adult patient (50 years) and twelve pediatric patients; the average age of the pediatric patients at first implantation was 3.3 years, with a range of twelve months to eight years
- Bilateral hearing loss reported in all thirteen patients
- Twelve patients had trialed hearing aids at some point before CI, each with unsatisfactory hearing improvement per patient/caregiver report
- There were five pre-CI response thresholds for left ears, averaging at 109.6 dB (80 dB-123 dB)
- There were four pre-CI response thresholds for right ears, averaging at 107 dB (90 dB-120 dB)
- Four studies reported pre-operative aided hearing perception for a total of six patients, with an average hearing perception of 85.2 dB among these patients (73 dB-90 dB)
- Genetic testing consistent with mutations in GJB2 gene in eleven of the studies (85%)
- When family testing was done (seven studies), all genetic mutations found were de novo

Identifying Number, First Author	Year	Country	n =	Age at time of first CI	Sex	Left CI? (year or age when available)	Right CI? (year or age)
1, Arndt	2010	Germany	2	50 years	Female	Yes (2003)	Yes (1998)
				14 mos.	Female	No	Yes (14 mos.)
2, Choung	2008	South Korea	1	4 years	Male	No	Yes (4 years)
3, Smyth	2013	United Kingdom	2	3 years	Male	Yes (3 years)	No
				8 years	Female	Yes (8 years)	No
4, Hampton	1997	United Kingdom	1**	See above	See above	See above	See above
5, Gümüş	2017	Turkey	2	7 years	Male	No	Yes (7 years)
				5 years	Female	No	Yes (5 years)
6, Cushing	2008	Canada	1	1 year	Unspecified	No	Yes (1 year)
7, Barker	2009	Australia	3	14 mos.	Female	Yes (14 mos.)	Yes (47 mos.)
				28 mos.	Female	Yes (28 mos.)	No
				39 mos.	Female	Yes (62 mos.)	Yes (39 mos.)
8, Markova	2016	Russia	1	3 years		Unspecified unilateral (42 mos.)	Unspecified unilateral (42 mos.)
9, Dalamón	2016	Argentina	1	6 mos.	Female	Yes (18 mos.)	Yes (18 mos.)

\*\*Indicates duplicate data from another included study  
Mos. = Months

## RESULTS CONTINUED

- Notable complications included postoperative infection (30.8%, n=4) and superficial wound dehiscence (15.4%; n=2)
- One patient required revision surgery with local tissue rearrangement, and one other patient was offered revision due to complications but refused
- Ten ears (58.8%) had very limited or no complications after CI
- The average hearing improvement was 45 dB (28 dB-60 dB)
- Time to post-op testing was 9 months to 1 year

Study # (see Table 1)	Pre-Op Response Threshold – Left (dB)	Pre-Op Response Threshold – Right (dB)	Pre-Op Aided Auditory Perception (dB)	Post-Op Auditory Perception (dB)	Hearing Improvement (dB)
2	NR	NR	90	35	55
3	80	90	83	41	42
	123	118	73	45	28
4	NR	NR	80	50	30
5	NR	NR	90	35	55
	NR	NR	90	30	60
7	120	120	NR	NR	NA
	115	NR	NR	NR	NA
	110	100	NR	NR	NA
9	NR	NR	NR	25	NA
Average	110	107	84	37	45

**TABLE 1 (Left):** Study characteristics and patient demographics

**TABLE 2 (Above):** Pre- and Post-Operative Hearing (NA=Not Applicable, NR=Not Reported)

## CONCLUSION

- Our review shows CI is a reasonable approach to facilitating communication in KID patients
- In spite of the elevated risk for delayed wound healing and flap necrosis, the post-implantation improvement in hearing threshold is substantial in most patients (improved to an average of 45 dB), which may outweigh the increased risks
- Extensive pre-operative planning of flaps and close post-operative wound site monitoring are essential to CI success in patients with KID syndrome