



Effects of static negative middle-ear pressure on wideband acoustic immittance

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Negative middle ear pressure (NMEP)

- **Static NMEP is very common**
 - Typically due to Eustachian tube dysfunction
 - Often occurs concurrently with middle ear fluid or infection
- **Middle ear (ME) pressure in normal ears varies**
 - slightly negative during waking hours
 - a TPP smaller than -100 [daPa] is 'normal'
- **NMEP can affect other acoustic measurements such as otoacoustic emissions (OAEs)**

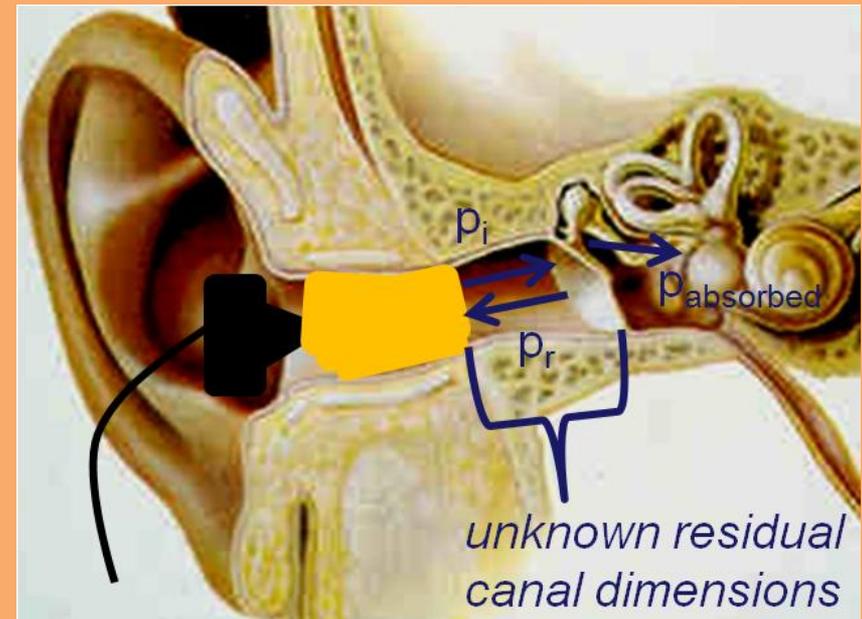
Wideband acoustic immittance (WAI)

- WAI refers to a set of quantities, including the admittance, impedance, reflectance, absorbance, etc.
- Many studies consider the power reflectance and absorbance (\approx independent of ear canal length)

$$|\Gamma(f)|^2 = \left| \frac{P_{reflected}(f)}{P_{incident}(f)} \right|^2$$

$$|\Gamma(f)|^2 \approx |\Gamma_{tm}(f)|^2$$

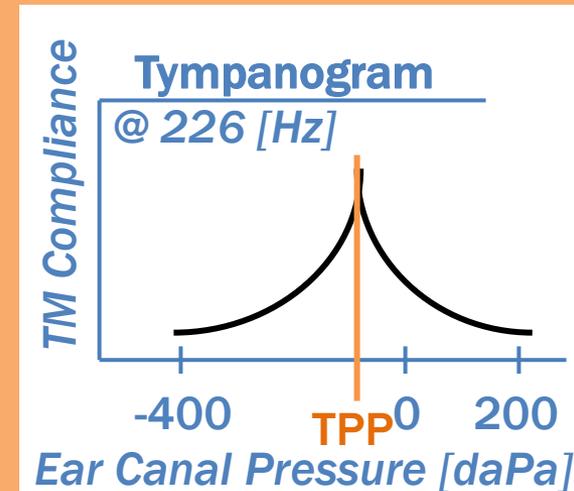
$$A(f) = 1 - |\Gamma(f)|^2$$





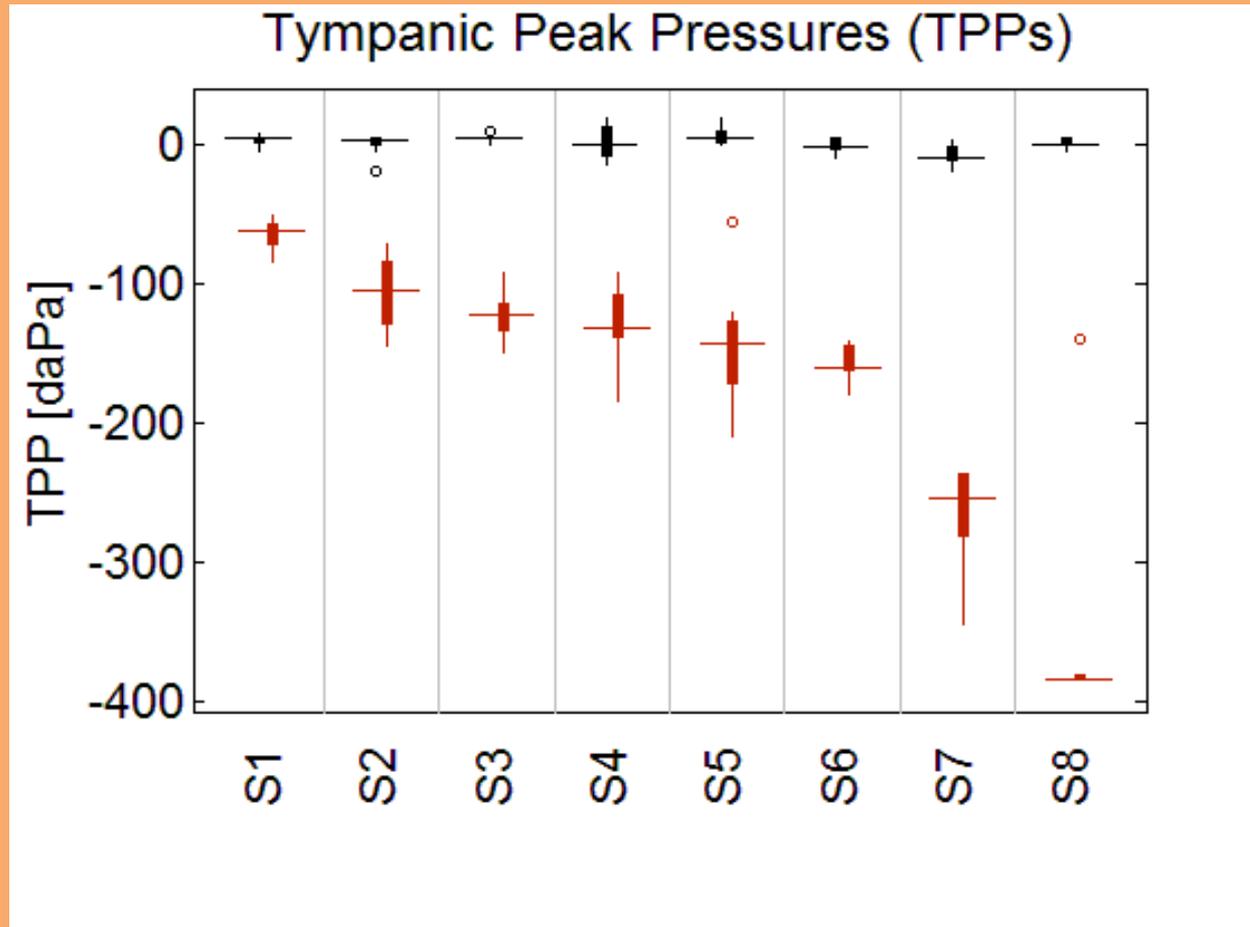
Experiment

- WAI was measured with ambient canal pressure
- Subjects with normal middle ears induced NMEP via the Toynbee maneuver (Sun & Shaver 2009, 2013)
- ME pressure was assessed separately via tympanometry
 - ME pressure = tympanic peak pressures (TPP)
 - 8 trials at ambient middle ear pressure (AMEP) were alternated with 8 trials at NMEP
 - Subjects were able to induce consistent NMEPs
- Focus on individual ears (lots of retest data)



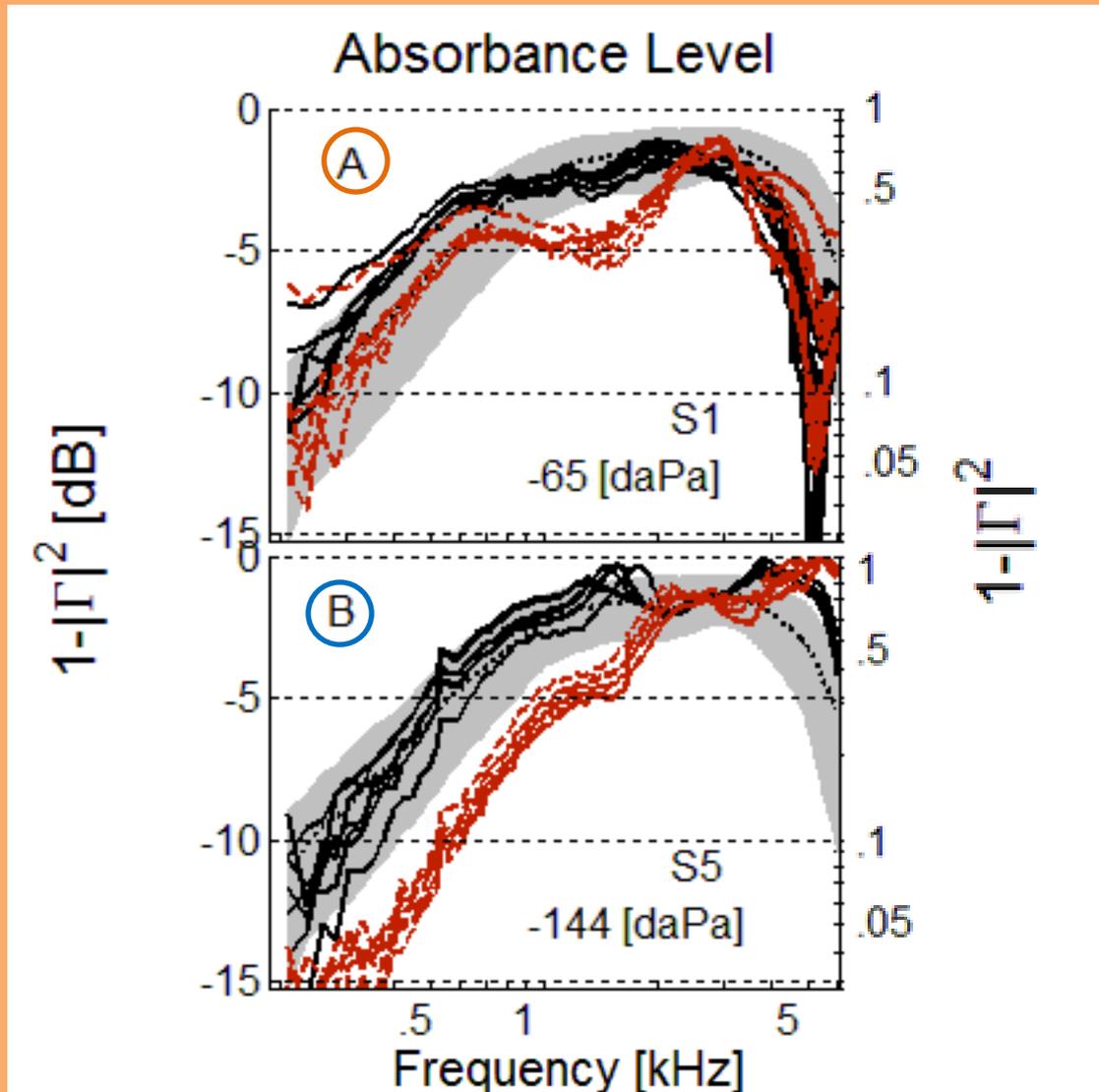


Experiment



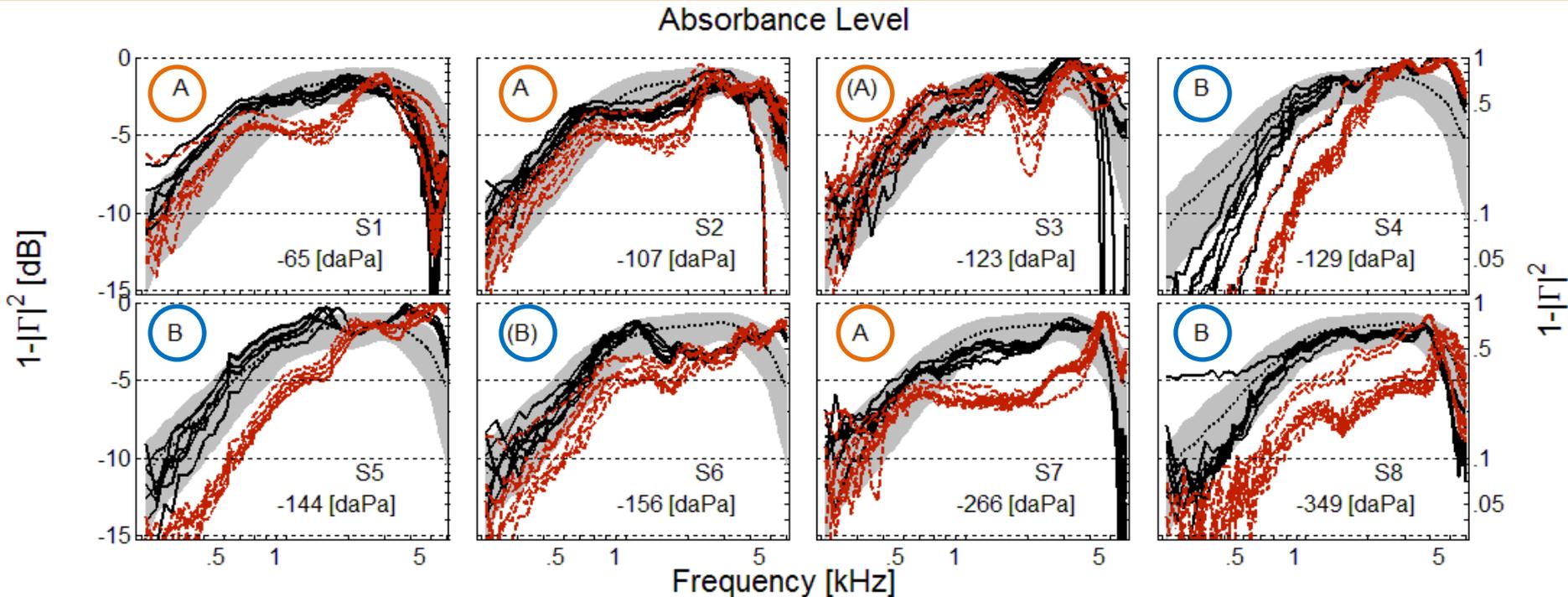


WAI Results: Power Absorbance





WAI Results: Power Absorbance

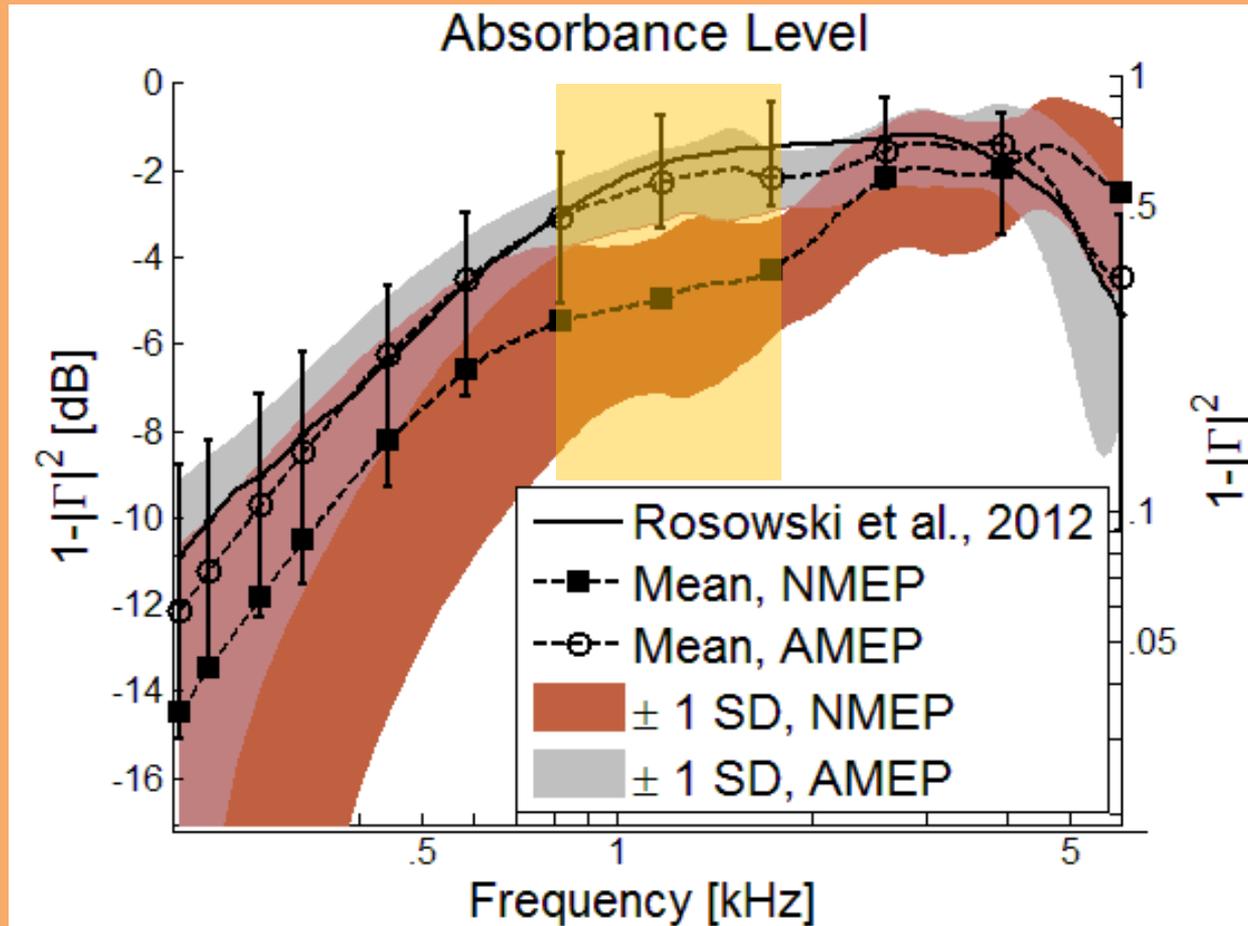


Wideband changes in power absorbance due to NMEP...

- vary in both magnitude and frequency range
- do not appear to have a simple dependence on TPP

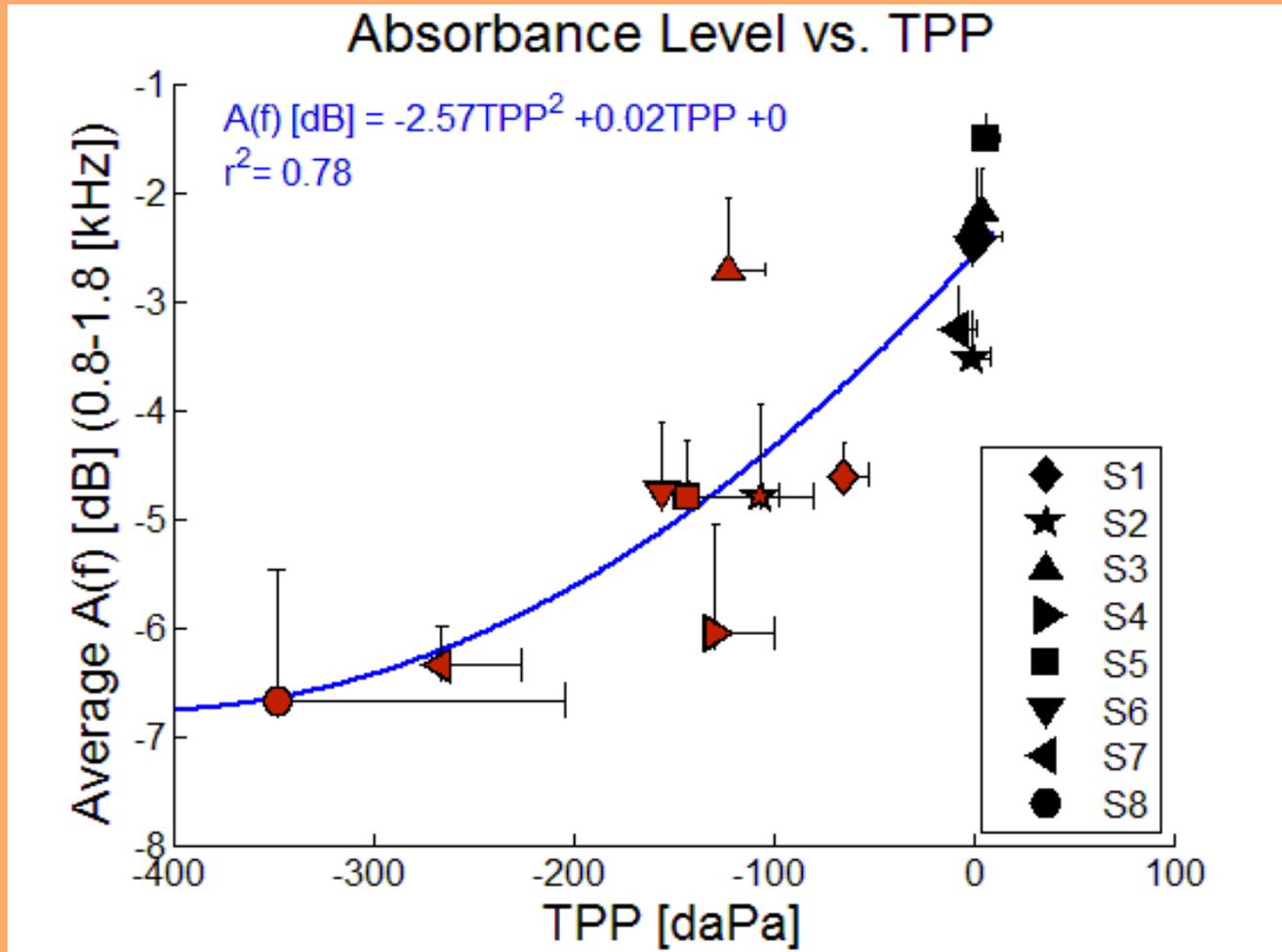


WAI Results: Power Absorbance



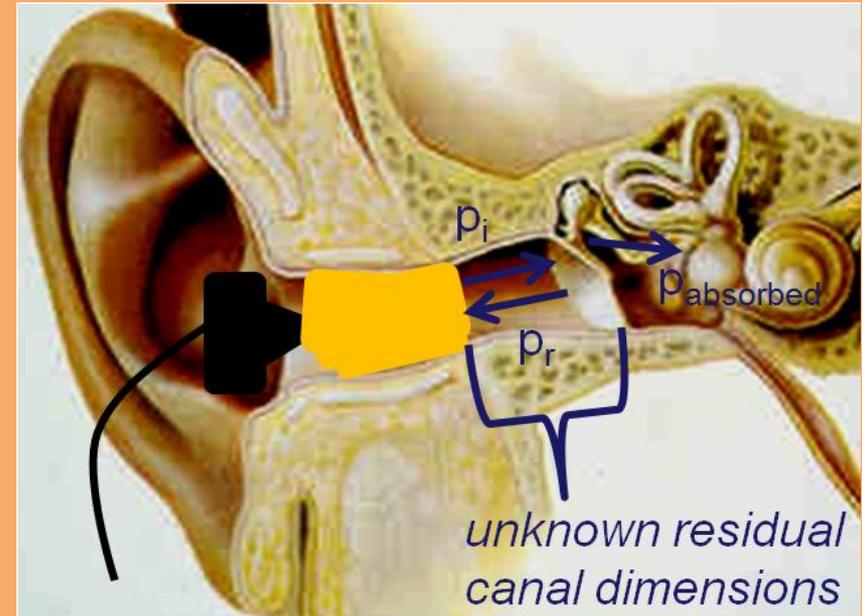
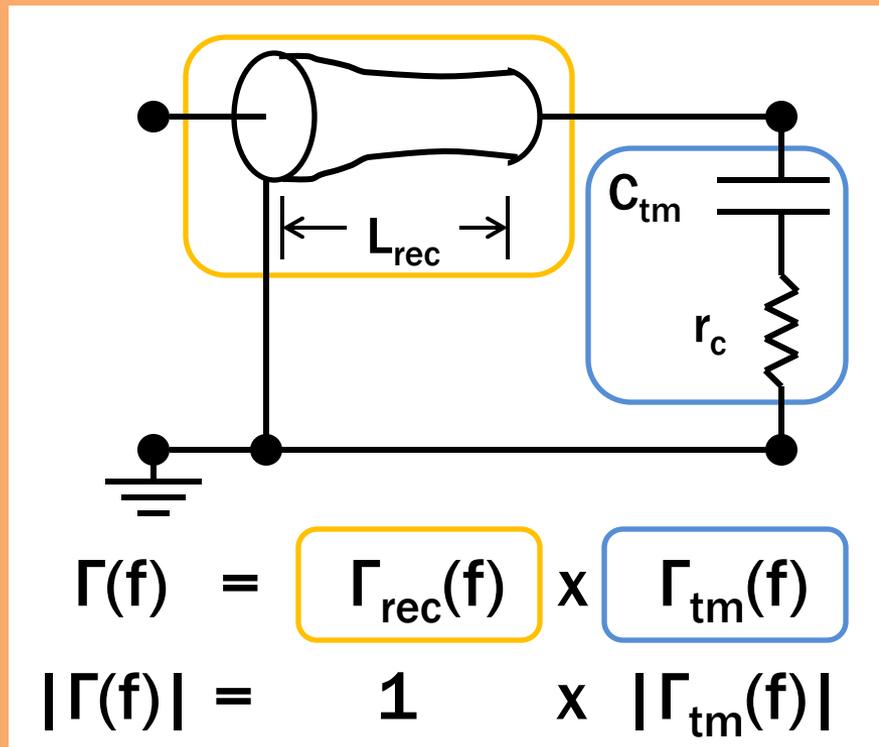


Dependence on static ME pressure



WAI at the tympanic membrane (TM-WAI)

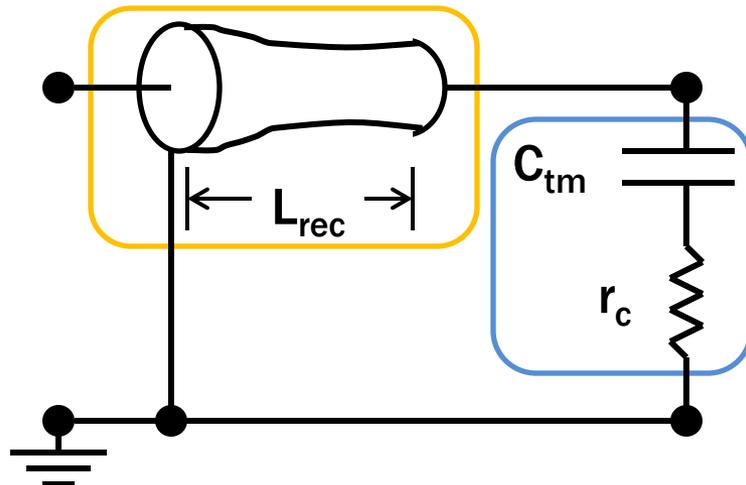
- The unknown residual ear canal (REC) effect may be factored out of the complex reflectance (Robinson et al., 2013)
- Using our methods, $\Gamma_{\text{rec}}(f)$ may account for a lossless REC of varying area





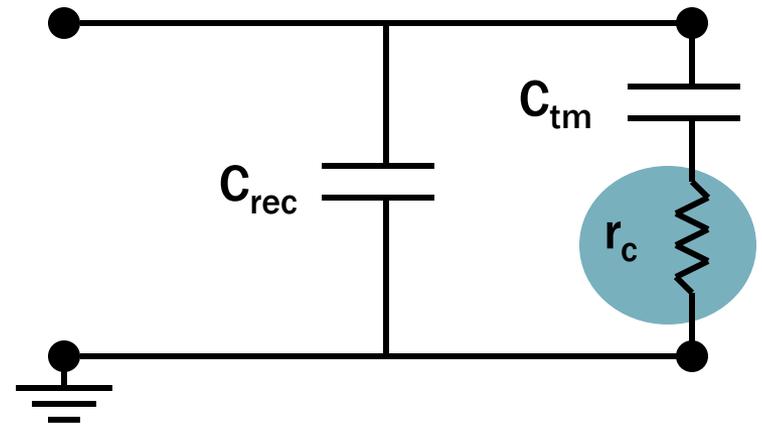
WAI at the tympanic membrane (TM-WAI)

- At low frequencies, the REC volume is approximated by a compliance
- A resistor is necessary to match the transmission lines of the middle ear and cochlea (Zwislocki 1962, Lynch 1982)



$$\Gamma(f) = \Gamma_{\text{rec}}(f) \times \Gamma_{\text{tm}}(f)$$

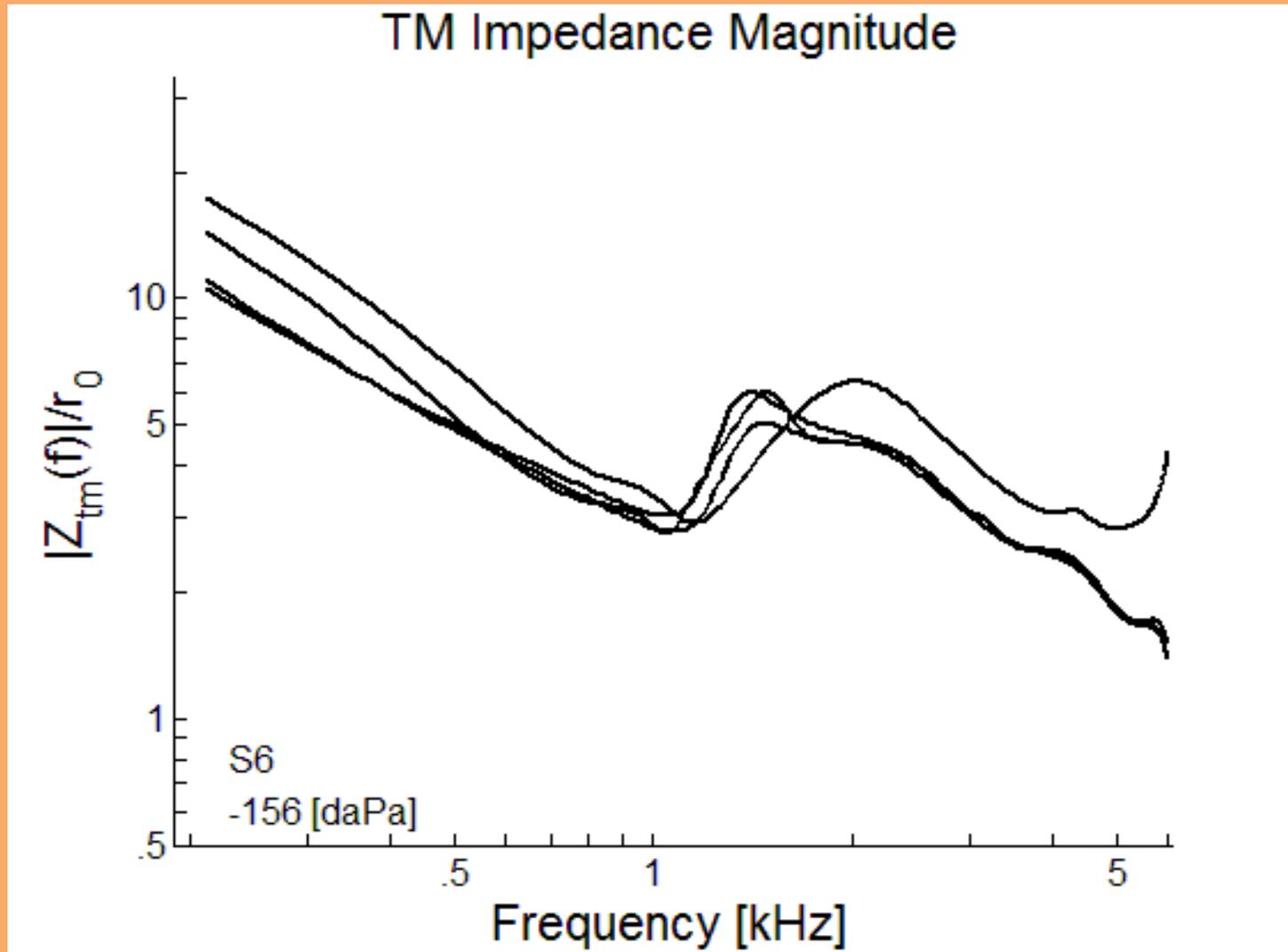
$$|\Gamma(f)| = 1 \times |\Gamma_{\text{tm}}(f)|$$



Low frequency approximation



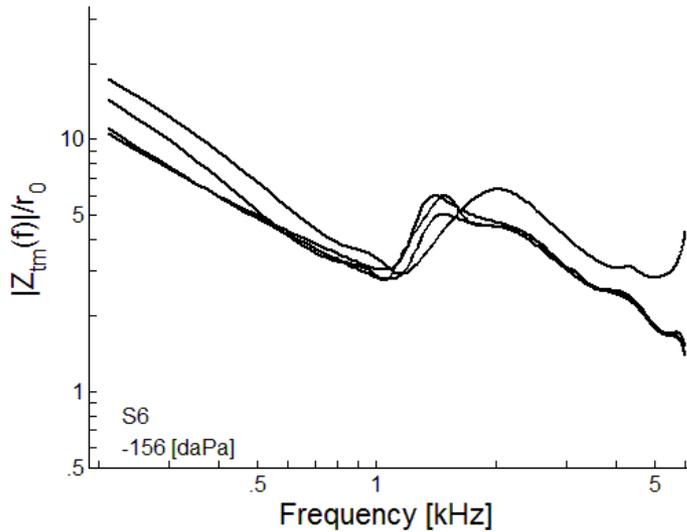
TM-WAI: Impedance



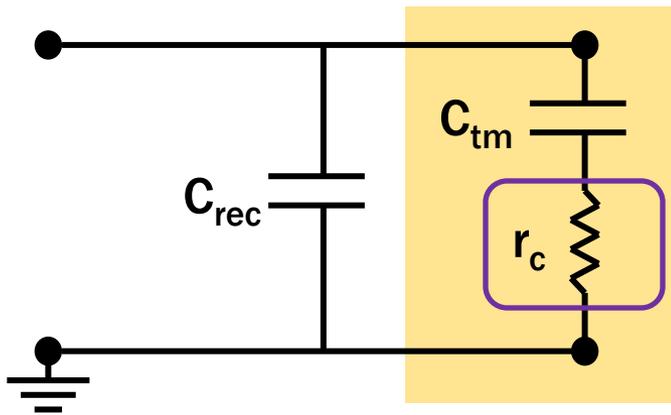
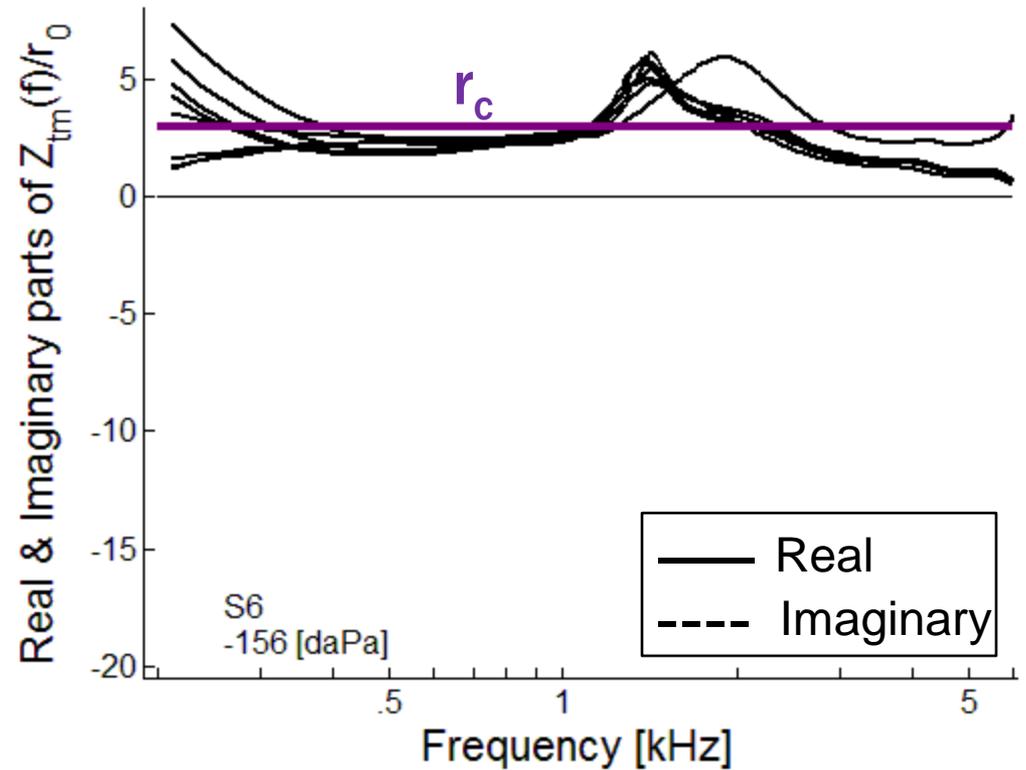


TM-WAI: Impedance

TM Impedance Magnitude



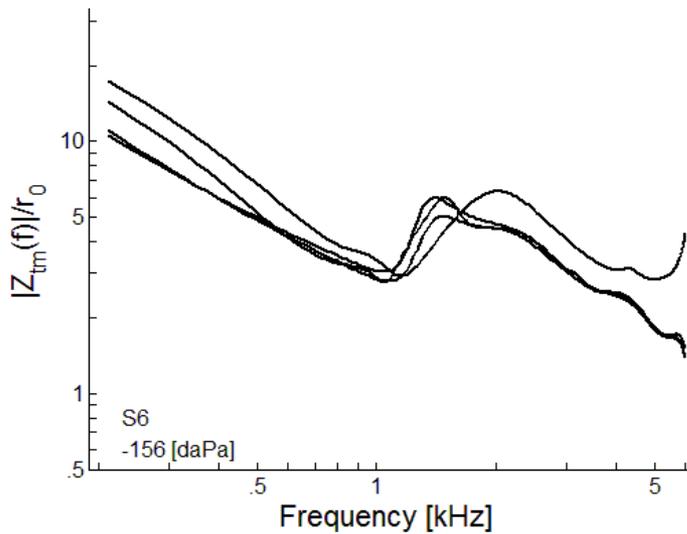
TM Impedance: Real & Imaginary



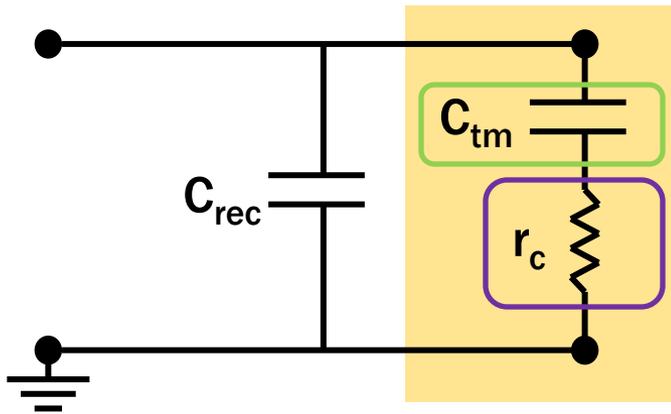
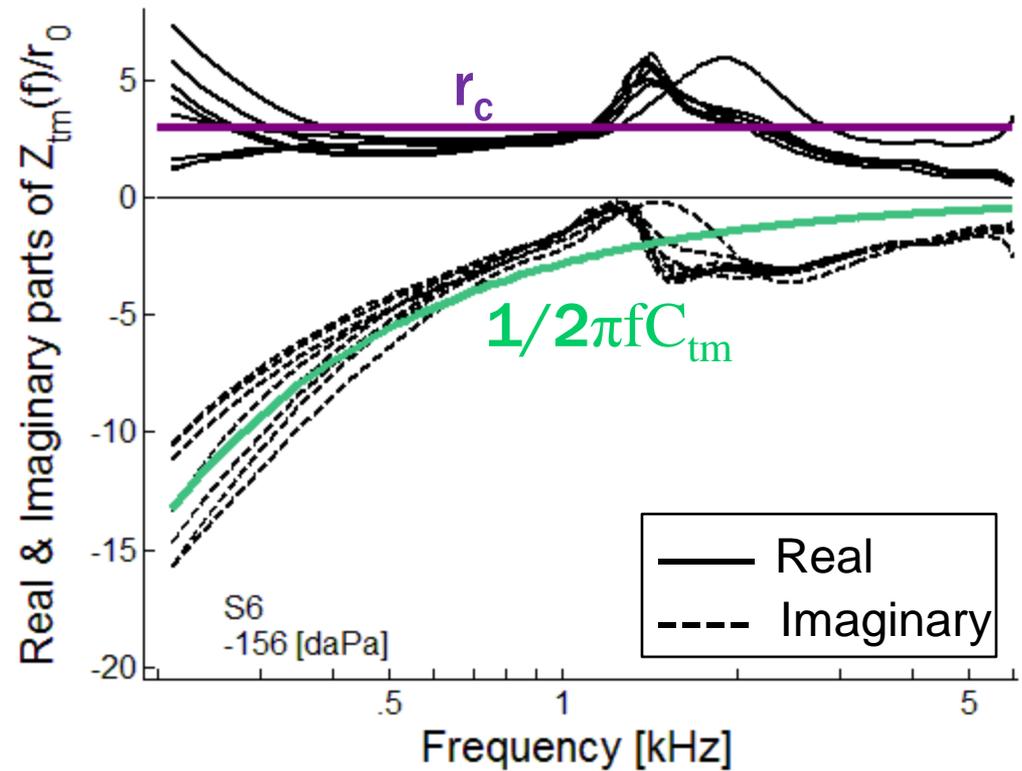


TM-WAI: Impedance

TM Impedance Magnitude

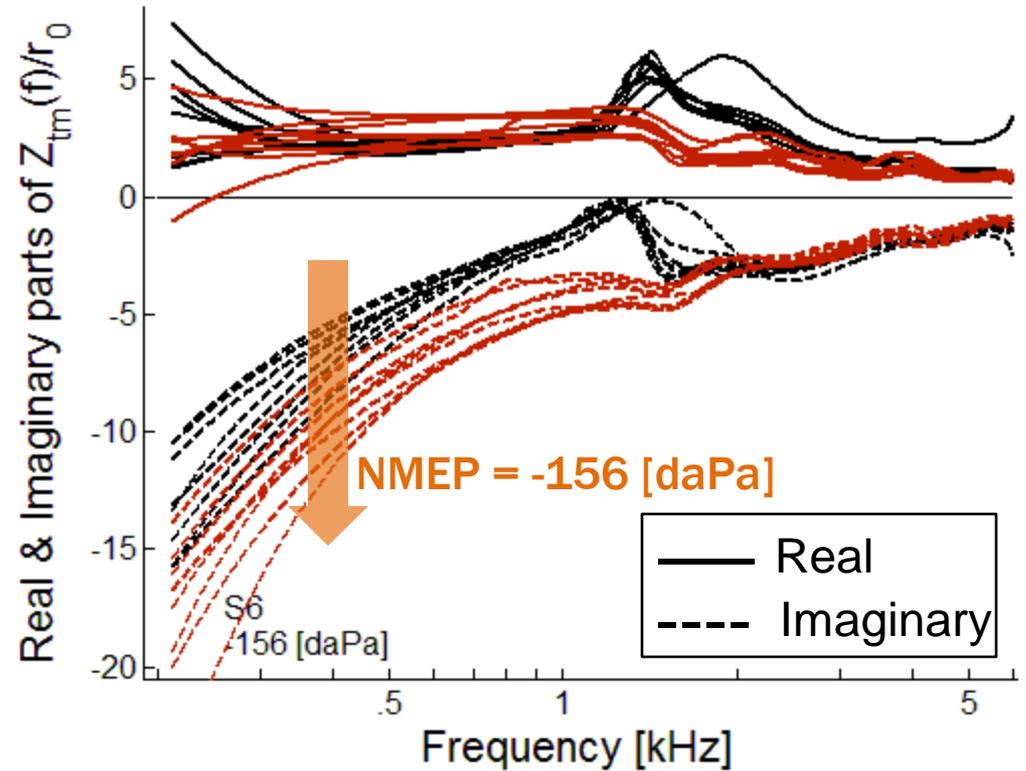
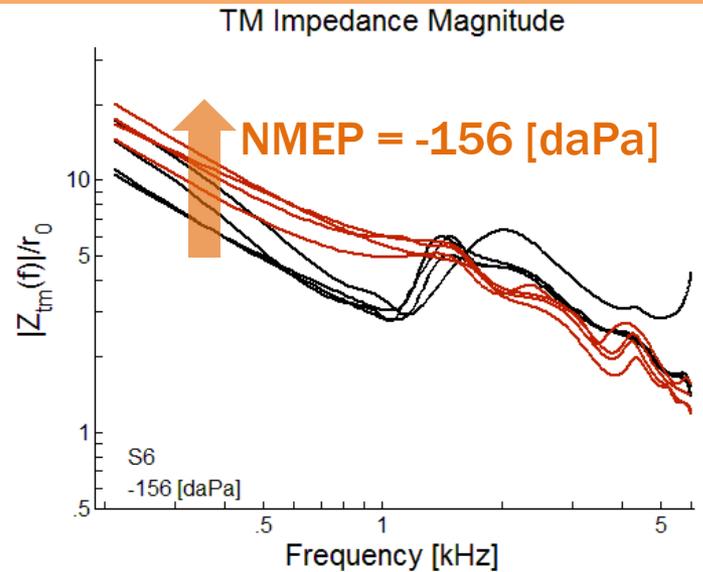


TM Impedance: Real & Imaginary



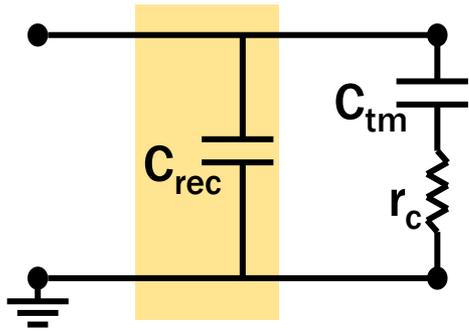


TM-WAI: Impedance



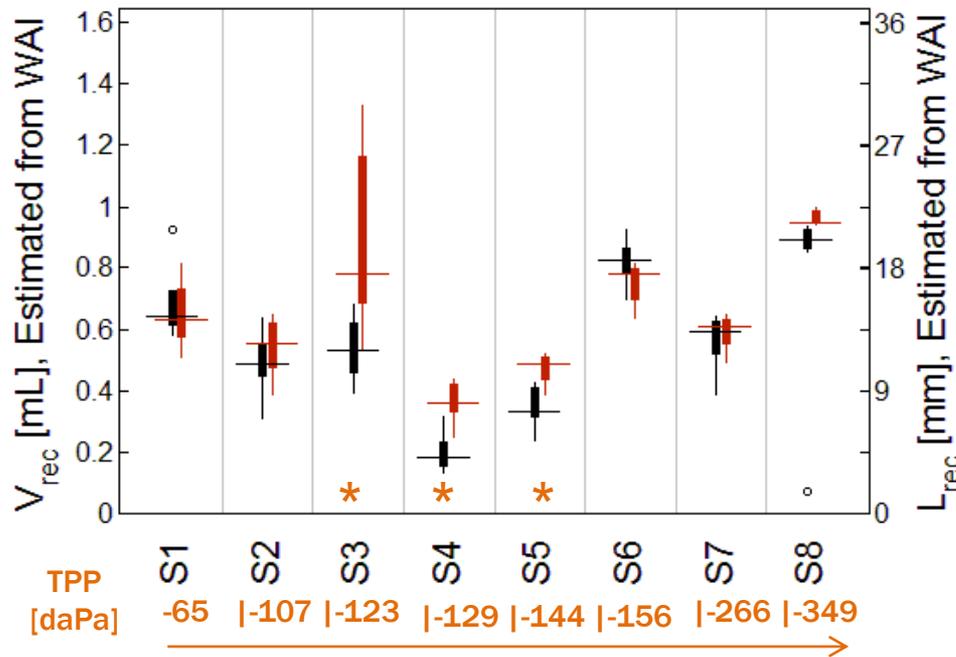


Residual ear canal (REC) volume



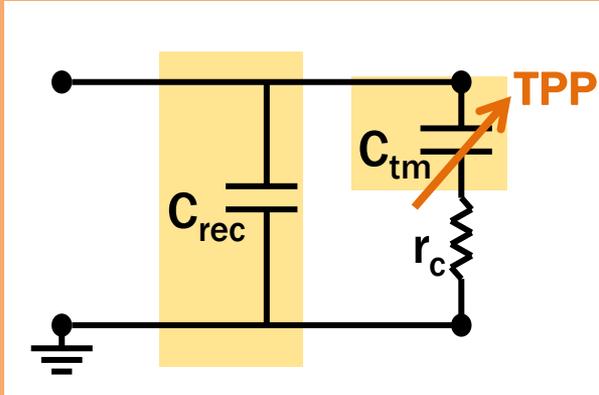
- The REC volume does not depend on NMEP

Residual Ear Canal Volumes



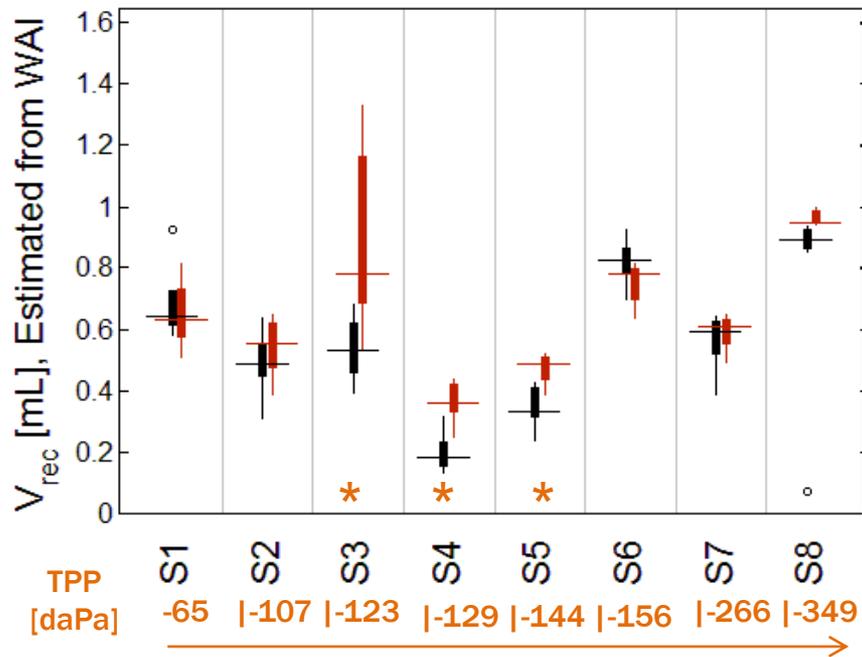


TM Compliance

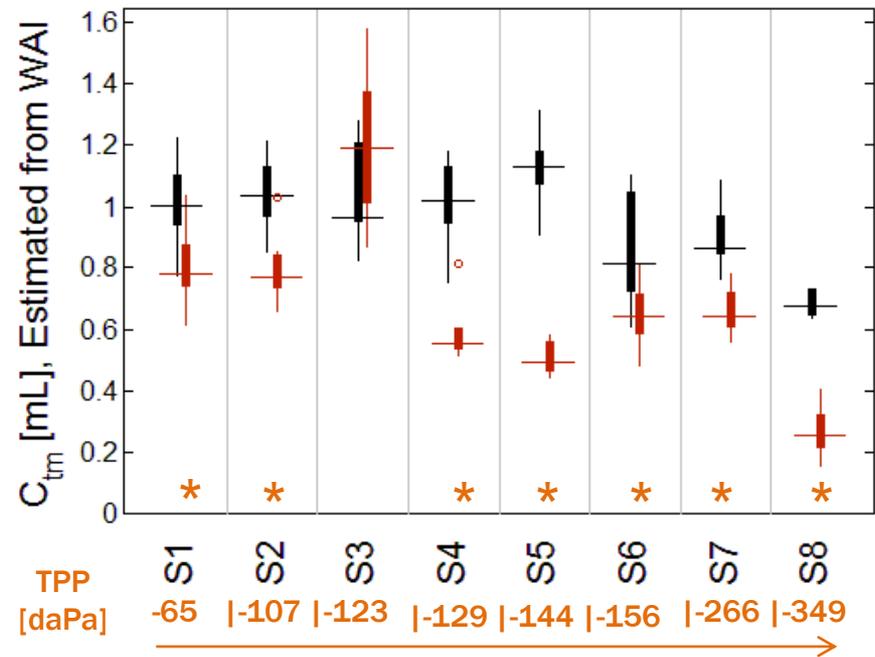


- The REC volume does not depend on NMEP
- The TM compliance does depend on NMEP

Residual Ear Canal Volumes



TM Compliance Values





Mechanisms for NMEP-dependent change

- Decreased compliance (increased stiffness) at the TM could be due to multiple ME structures
- WAI changes resemble data with a stiffened annular ligament (AL) (e.g. acoustic reflex)
- NMEP causes a retraction of the TM (**Shaver & Sun 2013, Voss et al. 2012**)
 - The TM itself functions primarily as a delay line in normal ears (*Puria & Allen 1998*)
 - Nonlinear changes most likely associated with ligaments (*reference?*)
 - Tensor tympani effects expected to be similar to AL effects, but little data exists to quantify this in humans (*Møller 1983*)



Conclusions

- **NMEP causes the largest change in the power absorbance ($1-|\Gamma|^2$) from 0.8-1.8 [kHz]**
- **TPP is a significant, but imperfect predictor of WAI change**
 - The relationship between Absorbance and TPP is nonlinear
- **WAI changes due to NMEP...**
 - Vary in magnitude and frequency range
 - Are consistent with an increased stiffness in the ME, potentially related to the annular ligament and TM-malleus coupling
- **The WAI magnitude & phase at the TM are estimated**
 - REC volume is effectively removed
 - TM-WAI simply modeled by a compliance and a resistance
 - The TM compliance is highly dependent on NMEP, as expected (but not well predicted by TPP)



Clinical implications

- **Severity of WAI changes due to NMEP is highly individual**
- **WAI changes indicate ears where other measures (e.g. DPOAEs) could be compromised, in a frequency-specific manner**
- **We can remove the ear canal volume and estimate TM compliance C_{tm} analogous to tympanometry**



Thanks for listening!

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References

1. Lynch III, T. J., Nedzelnitsky, V., Peake, W. T. (1982). Input impedance of the cochlea in cat. *J Acoust Soc Am*, 72(1), 108–130.
2. Møller, A. R. (1983). *Auditory Physiology*. Academic Press, Inc., New York, New York.
3. Puria, S. & Allen, J. B. (1998). Measurements and model of the cat middle ear: evidence of tympanic membrane acoustic delay. *J Acoust Soc Am*, 104, 3463–3481.
4. Robinson, S. R., Nguyen, C. T., Allen, J. B. (2013). Characterizing the ear canal acoustic impedance and reflectance by pole-zero fitting. *Hear Res*, 301, 168–182.
5. Rosowski, J. J., Nakajima, H. H., Hamade, M. A., et al. (2012). Ear-canal reflectance, umbo velocity, and tympanometry in normal-hearing adults. *Ear Hear*, 33(1), 19–34.
6. Shaver, M. D. & Sun, X. M. (2013). Wideband energy reflectance measurements: effects of negative middle ear pressure and application of a pressure compensation procedure. *J Acoust Soc Am*, 134(1), 332–341.
7. Sun, X. M. & Shaver, M. D. (2009). Effects of negative middle ear pressure on distortion product otoacoustic emissions and application of a compensation procedure in humans. *Ear Hear*, 30(2), 191–202.
8. Voss, S. E., Merchant, G. R., Horton, N. J. (2012). Effects of middle-ear disorders on power reflectance measured in cadaveric ear canals. *Ear Hear*, 33(2), 195–208.
9. Zwislocki, J. (1962). Analysis of the middle-ear function. Part I: Input impedance. *J Acoust Soc Am*, 34, 1514–1523.