

KARNATAKA RADIOLOGY EDUCATION PROGRAM

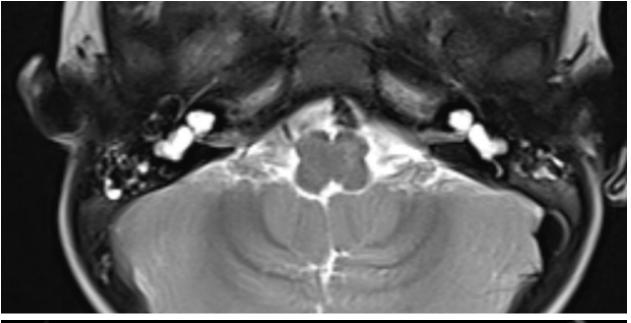
#### CASE PRESENTATION - CASE 3

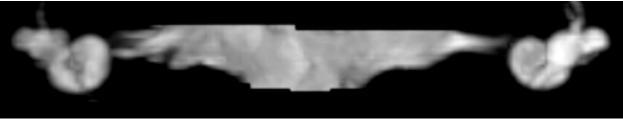
CASE OF MONDINI MALFORMATION
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J.N.MEDICAL COLLEGE ,BELAGAVI

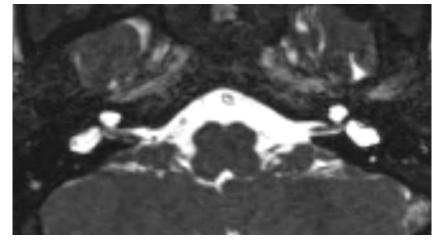
#### CASE 3

- 3 yrs old female
- C/O Bilateral profound hearing loss since birth
- No significant birth history

# CASE 3 Cochlear incomplete partition type I Mondini malformation



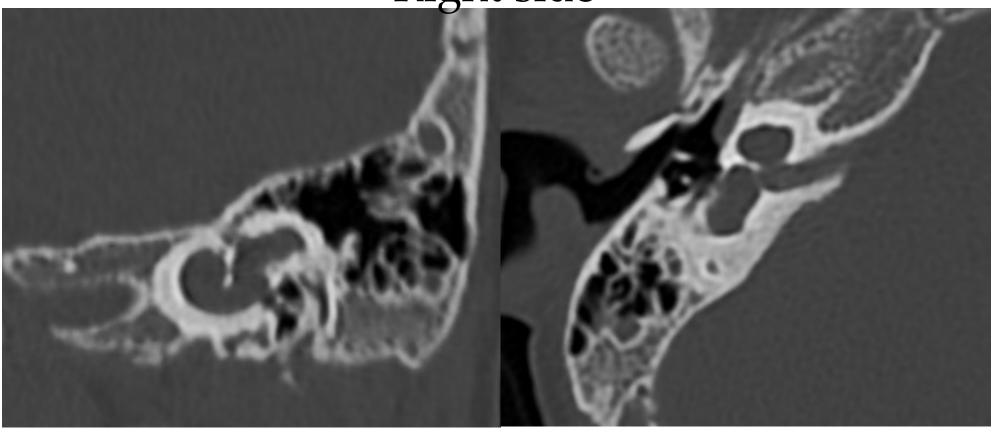




#### MRI FINDINGS –

- 1. Abnormal cochlear turns -
- only 1.0 turns (instead of the normal 2.5 turns)
- 2. Enlarged vestibule
- 3. Vestibulocochlear nerve appears normal

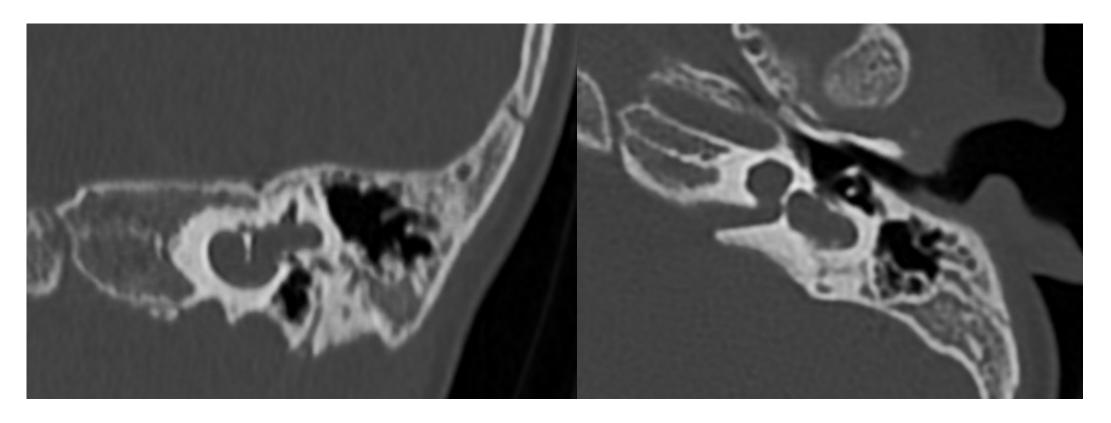
Right side



HRCT TEMPORAL BONE -

1.Abnormal cochlear turns - only 1.0 turns (instead of the normal 2.5 turns)
2. Enlarged vestibule
3. Non-visualization of lateral semicircular canal
4. Widening of the IAC

### Left side



HRCT TEMPORAL BONE –

1.Abnormal cochlear turns - only 1.0 turns (instead of the normal 2.5 turns)

2. Enlarged vestibule

3. Non-visualization of lateral semicircular canal

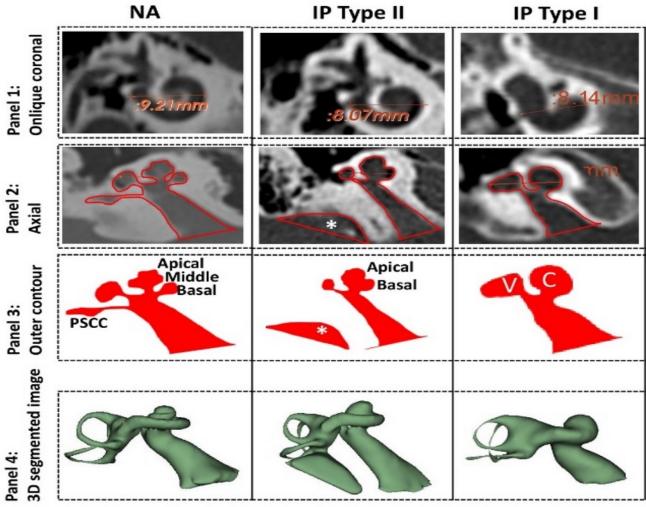
4. Widening of the IAC

#### Differentials

• Cochlear incomplete partition type I

# Cochlear incomplete partition type I

POINTS IN FAVOUR	POINTS AGAINST
Cystic appearance of the cochlea	IP-I - cystic cochlea with no modiolus or interscalar septa, (while IP-II (classic Mondini deformity) shows 1.5 turns with preserved basal turn and a cystic apex)
Grossly dilated vestibule	
Clinical features - Sensorineural hearing loss (SNHL)	



\*Enlarged vestibular aqueduct

Dhanasingh, A., Erpenbeck, D., Assadi, M. Z., Doyle, Ú., Roland, P., Hagr, A., Van Rompaey, V., & Van de Heyning, P. (2021). A novel method of identifying inner ear malformation types by pattern recognition in the mid modiolar section. *Scientific Reports*, 11(1). https://doi.org/10.1038/s41598-021-00330-6

## THANK YOU.