Can a Simple Kiss on the Ear Cause Auditory Problems?

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The answer to the question posed by this title is an unfortunate “yes!” Tinnitus, hyperacusis and permanent sensorineural hearing loss (SNHL) can result from a single, affectionate kiss to the ear.1,2

Although ear kissing has undoubtedly been around as long as humans, the surprisingly pathologic result of this simple gesture first appeared in print as recently as August 2008.3

The initial case involved a four-year-old child who hugged her mom and gave her a loving smooch on her left ear canal. Mom’s immediate experience was severe, deep ear pain; loud, screeching tinnitus; total hearing loss; and facial twitching in the region of the ear – all on the left side. Within the next several hours, her total hearing loss recovered to a stable 35 dB SNHL in the middle hearing frequencies. The loss remains at that level two and a half years later. The patient continued to suffer from tinnitus and facial spasms for about one year. During that time she also developed hyperacusis and distortion in the clarity of her hearing in the left ear. Today, the SNHL, hyperacusis and distortion remain. The tinnitus is now noticeable primarily in quiet surroundings, and the facial spasms occur only after experiencing excessively loud noise at a wedding, live concert or other noisy venue.

This first case study received a good deal of media coverage, and as a result, dozens of people came forth with their very similar stories. One individual was given a happy Mother’s Day “peck” on the ear by her loving husband, only to suffer immediate hearing loss, tinnitus and hyperacusis. In another case, a parent received a traditional, but misdirected, farewell kiss on the cheek by her son-in-law, which inadvertently landed on her ear. The result was SNHL, tinnitus and hyperacusis.

To date, I have examined over one dozen cases ranging from 10 to 81 years of age. All show the same three symptoms: SNHL, tinnitus and hyperacusis.

There are three intriguing questions that I would like to address:

1. If this phenomenon is so old and so common, why has it taken so long to be discovered and published?
2. What is it about a kiss to the ear that causes such devastating consequences?
3. What can be done to treat or prevent this problem?

The answer to the first question is professional denial. Each patient who contacted me to have an ear-kiss injury evaluated, confided that a physician had previously denied their claim that a kiss caused their hearing problem. When several patients came across my “kiss” research, they felt validated – no, they were not imagining things. Their doctors’ preconceived notions about the harmlessness of a kiss had prevented further investigation into the matter via scientific or medical research.

The second question regards the cause of this ear pathology, which has been termed “REKS” for Reiter’s Ear-Kiss Syndrome.4 Research indicates that a kiss to the ear canal creates suction, which pulls the eardrum and ossicular chain (small inner-ear bones that transmit sound) forward. This in turn pulls the stapes (one of the ossicular chain) away from the inner ear, causing a tsunami-like turbulence in the inner ear fluids. This damages the

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annoying, your dentist could refer you to someone who can provide you with a temporary “fix” – a plastic insert to wear in your mouth at night that prevents teeth grinding.

Q I hear a lot of comments about a cure for tinnitus but I do not hear any comments as to how such a cure might be found. In your opinion, is a cure a realistic possibility, and if so, how will it come about?

A Yes, I think a cure is possible, at least for certain kinds of tinnitus. As you well know, as hearing declines, tinnitus increases; it’s something of a see-saw effect. Now given that dynamic, if we can improve hearing it is my guess that tinnitus will decrease.

How do we increase hearing? Hopefully we’ll do it with stem cells. We can harvest these versatile cells from the person’s own nasopharynx (uppermost part of the pharynx, extending from the base of the skull to the upper surface of the soft palate) so that there is no or little chance for rejection. In my opinion, work with stem cells has the possibility of enhancing recovery from all manner of health problems. ❚❚

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delicate cilia (ear hair cells) leading to SNHL, tinnitus and hyperacusis.

Treatment for REKS has not yet been successful, but prevention is a must. A light kiss to a child’s ear produces a surprisingly rapid and intense ear canal vacuum. An infant cannot say, “Mommy, I can’t hear now.” Let us avoid preventable tragedies like this. Kiss, and kiss away, but please avoid that ear canal.

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3 Reiter, 2008.
4 Smaka, C. The kiss that caused hearing loss, or Reiter’s Ear-Kiss Syndrome (REKS). Audiologyonline. 2008 July 28.
5 Reiter, 2009.

Clinical Trial of Acamprosate for Tinnitus

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Induced Hearing Loss and Tinnitus Prevention Program. Martin also serves as the Research Scientist in Residence at the Oregon Museum of Science and Industry (OMSI) in Portland.

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