



USC ACOUSTIC NEUROMA CENTER

Treating more acoustic neuroma patients than any other center in the U.S.*

An acoustic neuroma, also called a vestibular schwannoma, is a benign tumor located on the balance nerve.

Keck Medicine of USC's Acoustic Neuroma Center is committed to serving the needs of patients with acoustic neuromas. We give high priority to helping our patients understand their condition, their options for treatment and how we can best serve them.

The USC Acoustic Neuroma Center treats the highest number of acoustic neuroma patients in the country. With lower readmission rates and shorter average length of stay* (compared to similar academic medical centers), the USC Acoustic Neuroma Center gets acoustic neuroma patients back to the lives they love.

* Vizient, Inc.

HOW IS ACOUSTIC NEUROMA TREATED?

After an initial evaluation and MRI, you and the specialists of the USC Acoustic Neuroma Center will discuss which of the following three treatment options is best for you:

1) A **“wait and watch” strategy** can be a good start if the tumor is small and the patient is experiencing few symptoms. This approach generally involves a second MRI in 6 months and then annually, provided there is no growth or symptoms have not changed.

2) **Microsurgery**, or tumor removal, has historically been the treatment of choice for patients and health care providers. This approach is often indicated for:

- Large tumors (larger than 2.5 cm)
- Smaller tumors when long-term hearing preservation is desired, or when dizziness or balance issues are present

3) **radiosurgery** is the third option. This is a nonsurgical approach, often done in an outpatient setting. Radiation can be given as a single dose or in multiple daily fractionated doses. This approach can be used for smaller tumors that have minimal contact with the brainstem, and on patients that are not healthy enough for micro surgery.

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SIGNS & SYMPTOMS

Acoustic neuromas are slow-growing, benign tumors. They occur at the rate of one to two cases per 100,000 people and occur most often between the ages of 30 and 60.

Symptoms can be associated with the size of the tumor, but this is not always consistent. Many patients experience few symptoms, despite the presence of a large tumor.

The most common symptom of acoustic neuroma is single-sided hearing loss and a sensation of fullness often associated with tinnitus or head noise.

Unless the tumor is very large, the facial nerve, which provides necessary input to the facial muscles for expression, is rarely affected. Patients rarely suffer from severe dizziness but may experience unsteadiness.

To make an appointment, call

(800) USC-CARE
(800) 872-2273

ent.KeckMedicine.org

EXPERT MEDICAL TEAM



• John S. Oghalai, MD
Chair and Professor of Otolaryngology
– Head and Neck Surgery
Leon J. Tiber and David S. Alpert
Chair in Medicine



• Joni K. Doherty, MD
Assistant Professor of Clinical
Otolaryngology – Head and Neck Surgery



• Seiji B. Shibata, MD, PhD
Assistant Professor of Clinical
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• Courtney Voelker, MD
Assistant Professor of Clinical
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LOCATIONS

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Fullerton, CA 92835

Glendale

222 W. Eulalia St., Ste. 200
Glendale, CA 91204

La Cañada Flintridge

1370 Foothill Blvd., Ste. 100
La Cañada Flintridge, CA 91011

Los Angeles

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Keck Medicine of USC

BEYOND EXCEPTIONAL MEDICINE™

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