

Auditory Deficiency-Induced Autism-like Behaviour (ADIALB) in Young Children Suffering from Severe Auditory Deficiency

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Abstract

This paper/editorial emphasises the academic, clinical and medico-legal necessity of distinguishing true Autism Spectrum Disorder (ASD) from Auditory Deficiency-Induced Autism-like Behaviour (ADIALB) particularly in very young children suffering severe and protracted auditory deficiency. Such auditory deficiency in children may not uncommonly arise from conditions such as chronic otitis media which may devastate hearing without producing other noticeable symptoms and thus be missed even for periods of up to a year or two. The symptomatology of ASD and ADIALB may be extremely difficult to distinguish and in some cases such a distinction may only be possible retrospectively.

Keywords: Auditory Deficiency-Induced Autism-like Behaviour (ADIALB); ADS

It is crucial for the modern healer, to pause from time to time and while not ignoring the new, he or she reflect on what is known. And what is known includes what is known about how not to harm one's patient - *primum non nocere*. Let us look at the young child, silently and quietly suffering from chronic otitis media leading to a severe lack of hearing. His mother, maybe stressed with other 'naughtier' siblings is grateful that at least the little one sits and plays all day long. He seems to live in a world of his one in contrast to his older daredevil brothers and sisters.

There is little which is more heart breaking than a mis-diagnosis involving a very young child in the two to three year old bracket. I refer here to the diagnosis of an Autism Spectrum Disorder (ASD), which in itself is always of grave concern. Academically, clinically and medico-legally, it is important to be aware that a child who has been completely or significantly deprived of hearing may easily and wrongly raise the red flags leading to a suspicion of ASD. One common condition leading to total or severe hearing deficiency in such a young child may be due to silent middle ear disease. It is by no means rare for a serious hearing loss over a protracted period of time (even a couple of years) to be present in a two or three-year old child. Consider such a child who has been essentially deaf for a year or two. His mother may describe him as quiet and he "just sits alone, playing quietly all day long." At some point, for some reason or other the family doctor applies some of the 'red flags' to the child:

- By 6 months, limited or no eye contact
- By 9 months, no sharing of vocal sounds, smiles or other nonverbal communication
- By 12 months, no babbling
- By 12 months, no use of gestures to communicate (e.g. pointing, reaching, waving etc.)

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- By 12 months, no response to name when called
- By 16 months, no words.

The ball starts rolling until someone realises the hearing impairment. This is far from being an imaginary scenario and occurs under various forms and guises.

It is crucial to realise that the very young child with serious hearing impairment may exhibit symptomatology suggestive of various degrees of the ASD. Such Auditory Deficiency-Induced Autism-like Behaviour (ADIALB) is by no means unknown in young children suffering from severe auditory deficiency associated with chronic middle ear disease. The situation may be such that distinction of the real ASD and ADIALB may be made only retrospectively. However, this by no means justifies the lack of awareness of the situation academically and clinically. The psychological trauma varies from case to case, but may unfortunately, also find its way into medico-legal confrontation.

Such confrontation may, broadly speaking take the form of a missed diagnosis of hearing or else of misdiagnosis of Autism Spectrum Disorder. Incidentally one should also note that the management of a child with ADIALB along ASD principles may result in clinical improvement as far as symptomatology goes especially if combined with treatment of the underlying hearing impairment such chronic otitis media. However, this may be little consolation to litigious parents who seek to be compensated for such a serious mis-diagnosis.

Rather than conclude with a medico-legal note, this editorial prefers to conclude with a cautionary reminder to ENT specialists who diagnose protracted severe hearing loss in very young children. This reminder is especially more significant if the child exhibits traits which may point to ADIALB. It is entirely within the ENT specialist's remit to emphasize to the parents and any health care personnel seeking to confirm or exclude ASD in the child, that the hearing loss may play a central role in the child's symptomatology. The rest may not be in the ENT specialist's hands. It may not even be in the ASD specialists' hands. For only time may tell.

Conclusion

The Autism Spectrum Disorder is a relatively new concept which has altered much of the original thinking on Autism. Even so parts of such spectrum may provide much challenge of differential diagnosis. This editorial puts forward the medical obligation that particularly very young children who are being evaluated as suffering from ASD must have their hearing ensured as normal before proceeding with such investigations. Protracted and severe auditory deficiency especially in very young children may produce Auditory Deficiency-Induced Autism-like Behaviour (ADIALB), a condition which mimics ASD in mild to moderate degrees of severity in young children suffering from severe auditory deficiency.

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