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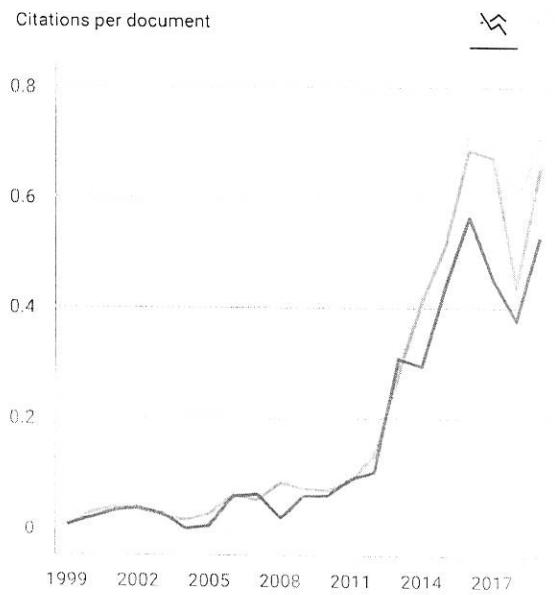
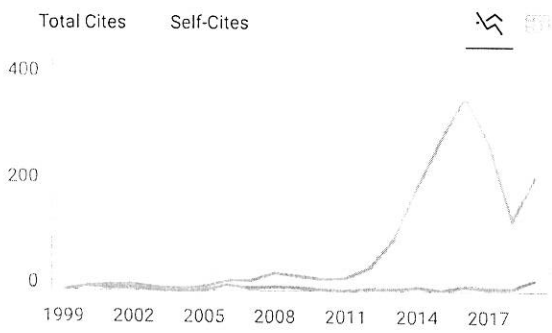
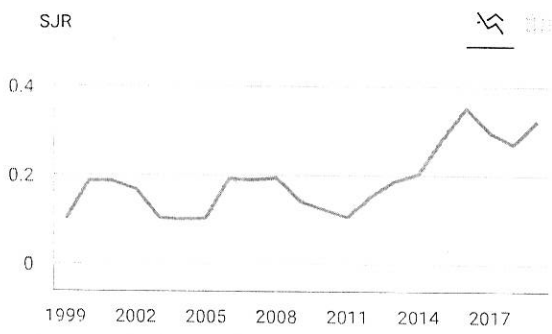
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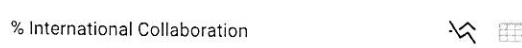
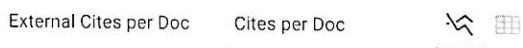
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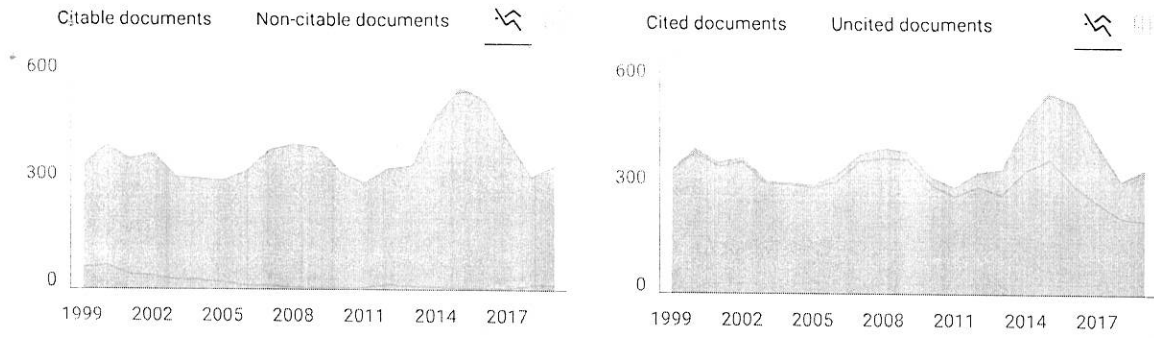
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The Association of Reactive Oxygen Species Levels on Noise Induced Hearing Loss of High Risk Workers in Dr. Soetomo General Hospital Surabaya, Indonesia

Purnami Nyilo¹  · Manyakori Serafika Permoni Putri²

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Abstract Excessive noise exposure could increase the production of reactive oxygen species in the cochlea, thus causing the risk of noise-induced hearing loss (NIHL). Noise is commonly found in the industrial sites. However, public places like hospital also can have noisy location which risk the workers of NIHL. To analyzed the correlation of reactive oxygen species and hearing impairment to employees at risk in the hospital. Participants were obtained by identifying the employees in hospital from 3813. They were examined for baseline characteristics, hearing loss and reactive oxygen species. Hearing loss was defined as audiometry and tympanometry level. The statistical test that used in this study is Chi square test ($p < 0.05$). The proportion of participant was 42.43 ± 10.72 years old in women (58.33%) and noise levels at Dr. Soetomo General Hospital was 98.15 ± 8.16 dB in range 85.39–112.90 dB. The prevalence of NIHL was 47.92% (audiometry) and 70.83% (otoacoustic emission). Reactive oxygen species estimated 5.55 ± 4.39 ng/ml. Statistical analysis of reactive oxygen species to audiometry ($p = 0.993$) and reactive oxygen species to otoacoustic emission ($p = 0.647$). Increased production of reactive oxygen species that cause hearing loss, but there was no correlation between reactive oxygen species and hearing loss in risk worker at the hospital.

Keywords Reactive oxygen species · Audiometry · Otoacoustic emission · Noise-induced hearing loss

Introduction

Noise possibly cause health problems in the form of noise-induced hearing loss (NIHL). In Nepal, it was reported that 31% of carpenters and 44% sawmill workers experience NIHL [1]. In the Tanzanian mining area reported that 12% workers have poor hearing and 35% have a mild hearing loss. Every year the NIHL population increases due to the hearing exposure [2].

Noisy exposure could increase the production of reactive oxygen species (ROS) in the cochlea. ROS is a mediator of cochlear cell damage, in addition biochemically ROS causes peroxidation of cochlear lipids and produces toxic substances. ROS itself was reported to persist cochlear for 7–10 days by post-exposure to the noise. If individuals are exposed to noise every day, they will have a higher risk to experience noise-induced hearing loss and other hearing loss [3].

Medical examination of hearing loss requires a tool for strengthening the diagnosis including using audiometry and otoacoustic emission (OAE) [4]. Audiometry is used to measure the subjective hearing impairment of the patient while OAE is used to evaluate the patient's hearing loss objectively [4, 5]. Thus, both examinations are important as the basis for effective therapy.

Indonesia is a country that has a large area and has various tribes [6]. Characteristics of workers in Indonesia is very unique, often found its workers tend not to comply for in the use of Personal Protective Equipment. Government regulations related to occupational health especially noise

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Table 1 Frequency of demographic participant

| Variables | Characteristics | % |
|-----------------------|--------------------|-------|
| Sex | Male | 41.67 |
| | Female | 58.33 |
| Education | Elementary school | 2.08 |
| | Junior high school | 0.00 |
| | Senior high school | 81.25 |
| | Bachelor degree | 16.67 |
| Noise pollution areas | Sanitation | 14.58 |
| | Maintenance medic | 16.67 |
| | Nutrition | 68.75 |

Table 2 Average of respondents characteristic

| Variables | Mean \pm SD | <i>p</i> |
|------------------|-------------------|----------|
| Age | 42.43 \pm 10.72 | 0.023 |
| Noise | 98.58 \pm 4.54 | 0.167 |
| Duration of work | 19.54 \pm 9.56 | 0.042 |

Table 3 ROS associated with hearing loss

| Characteristic | Category | ROS (%) | | <i>p</i> |
|----------------|--------------|---------|-------|----------|
| | | Low | High | |
| OAE | Refer | 54.17 | 16.67 | 0.993 |
| | Pass | 14.58 | 14.58 | |
| Audiometry | Hearing loss | 25.00 | 22.92 | 0.647 |
| | Normal | 35.42 | 16.66 | |

p < 0.05

were age, noise exposure, duration of work. Most of the respondents were female (58.33%), mostly senior high school graduate (81.25%), and work in kitchen (68.75%). Frequency data in this study can be seen detail in Table 1. The age of participant were 42.43 \pm 10.72 years old and range from 22 to 58 years old. Some area in Dr. Soetomo General Hospital have average of noise exposure (> 85 dB) of 98.58 \pm 4.54 and range from 85.39 to 112.90 dB. They have been working in the Dr. Soetomo General Hospital around 19.54 \pm 9.56 years and range 1–36 years (Table 2).

Value of ROS was 5.55 \pm 4.38 ng/dl with range from 3.99 to 37.60 ng/dl. Value of OAE was mostly in Refer category (70.83%) and mostly audiometry was category normal (52.08%). Detailed information can be seen in Table 3. So, based on the study was most participant have noise induced hearing loss.

ROS and Hearing Loss

The participant was mostly in OAE category of Refer and ROS category of low (54.17%). There is no significance correlation between OAE characteristic and ROS. Most audiometry category was found normal with low percentage of ROS value (35.42%). The result of the statistical test with Chi square found no correlation between plasma ROS level and audiometry value (*p* = 0.993). The result of the statistical test with Chi square found no significant correlation between serum ROS level and audiometry (*p* = 0.647). The result of analyzed was shown in Table 3.

Discussion

NIHL is a hearing loss that experienced by many workers. Noisy exposure over 85 dB for 8 h is believed to interfere auditory organ function [9, 10]. Some recent studies suggest that NIHL hearing loss is due to an increase in the production of toxic ROS of cochlea [3, 11]. In vivo studies also show that ROS causes mutation of the apoptotic-inducing factor (AIF) gene. AIF regulation reduction in neuronal cells makes it more sensitive and easily damaged [12].

ROS is considered to be a toxic cellular metabolic product but it also serves as a molecule that regulates many physiological processes. ROS plays an important role in the induction of apoptosis under physiological and pathological conditions. Increased ROS formation and subsequent apoptotic induction have been implicated in the development of some hearing loss pathologies. Furthermore, mitochondrial dysfunction plays an important role in some types of hearing loss [11].

Based on this research there was no correlation between ROS and hearing loss. It was proved by statistical analysis that no correlation between ROS level and audiometry and OAE was found. The audiometric examination is a subjective examination of the patient about the individual's hearing threshold [13]. Meanwhile, OAE is an examination of the inner ear objectively, especially the function of outer cochlear cell [5]. Both examinations are often used as indicators for early detection of hearing loss [4, 14].

Currently, ROS was alleged to be one of the main causes of impaired hearing function. ROS has characteristics as an unpaired electron, activating toxic chemical reactions to cellular and subcellular structures [15]. ROS levels in the cochlea cause decreased hearing function by damaging the cochlear hair cells [16]. However, some research suggests the levels of ROS in cochlea increased when it exposed to the noise first time and decreased subsequently after exposure [3, 11]. The progression of ROS to a decrease in hearing function takes a long time. The condition was



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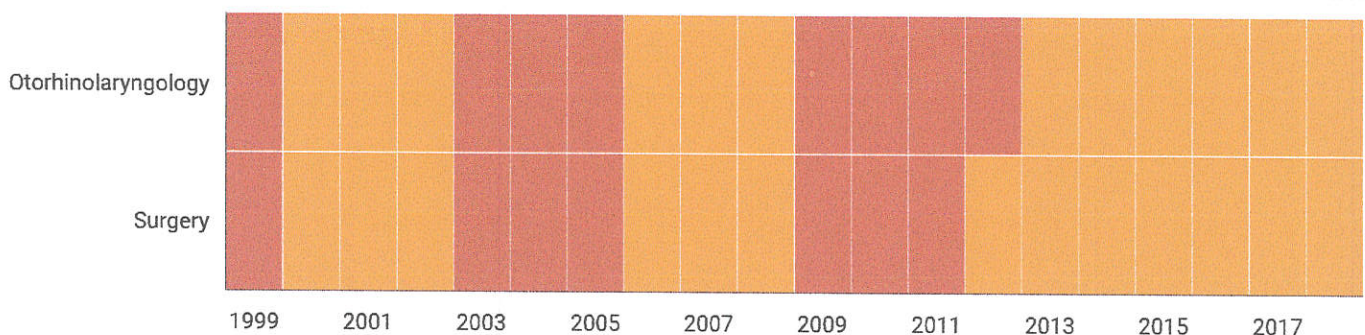
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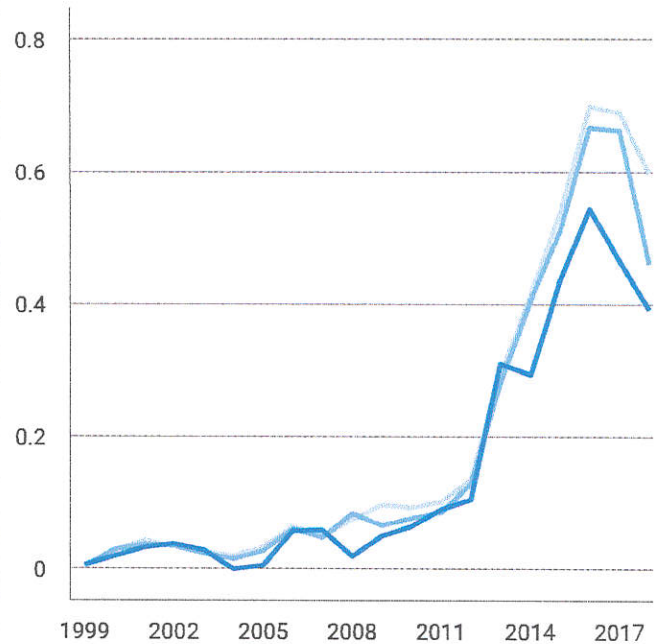
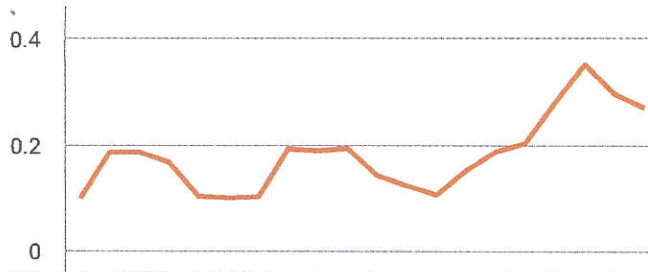
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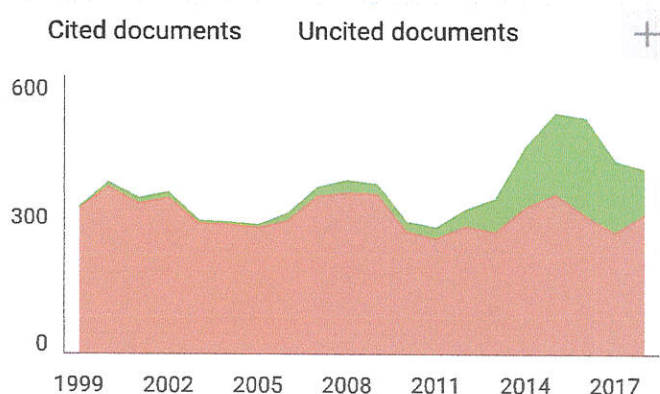
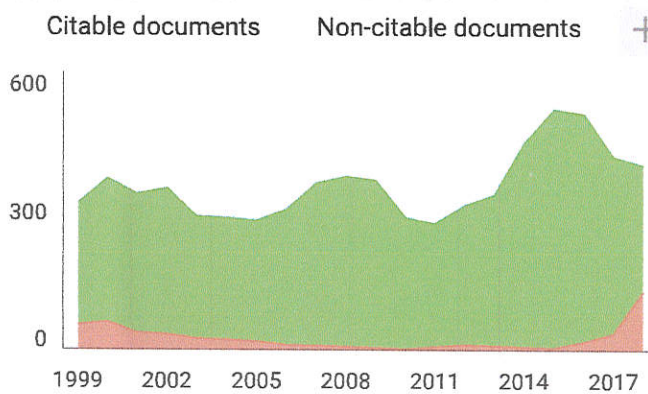
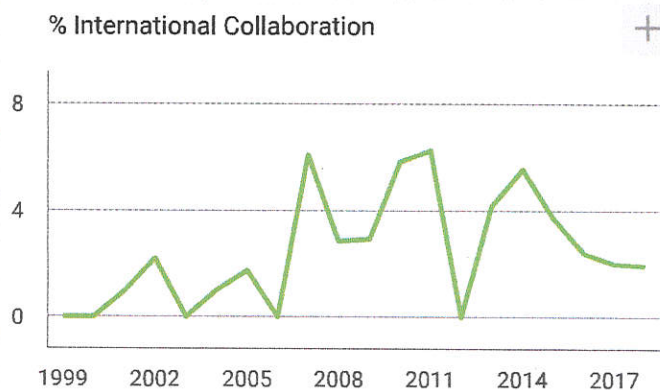
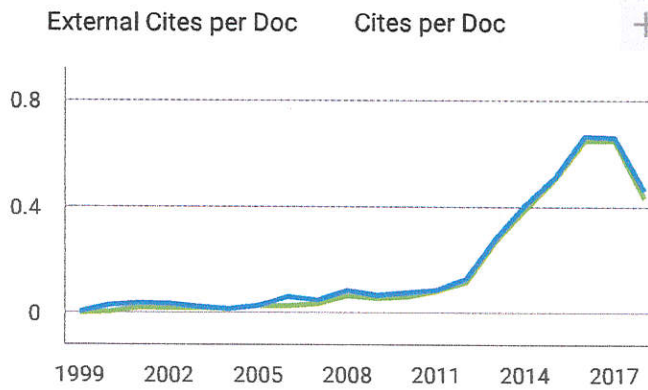
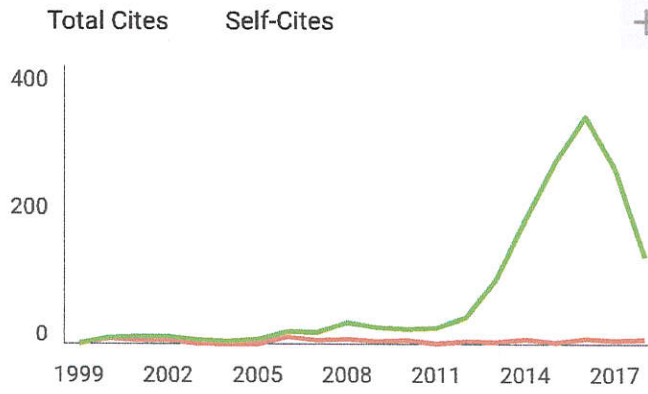


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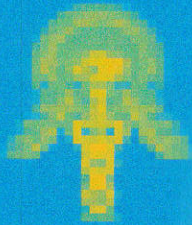
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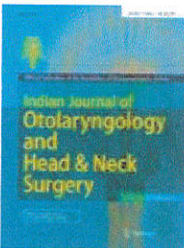
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