**Background**

Tinnitus or ringing in the ears is not a disease. It is an annoying medical condition in which ringing, humming, hissing or buzzing is heard without any real external sounds.

In some cases, it is a symptom of a treatable medical condition: hearing loss, hypertension, cervical spondyloarthrosis.

Cervical spondyloarthrosis, as a result of pressure or irritation of the nerve root, usually C5-C6 or C6-C7, is accompanied by the numbness of the upper limb muscles and the development of degenerative changes can lead to the compression of the vertebral arteries and the changes of the blood flow in the brain resulting: paroxysmal headache, dizziness, impaired balance, nystagmus or tinnitus.

**Aim**

Evaluate the role of a good conjunction between an ENT and a rheumatologist in a good diagnose and the right therapy that would probably minimize tinnitus in patients with neurensorial hearing loss and cervical spondyloarthrosis.

The role of a good explanation to the patient that tinnitus in the third aged patients is a mixture condition between pathologies: NSHL, HTA, CERVICAL SPONDYLOARTROHISIS, DIABETES etc, they have to evaluate and treat them all.

**Case report: Patient and method**

30 patients from 60-70 years old.

Clinical data: tinnitus, bilateral hearing loss, disequilibrium, paroxysmal headache, pain and/or limited mobility of the cervical spine.

We used otoscopy, audiometry in evaluating the function of the inner ear and the acoustic nerve.

We used x-rays test to evaluate the function of the cervical part of the column, most the posterior cervical part of the vertebral column.

**Results and therapy**

We found age related and/or profession related bilateral hearing loss in the audiometry test in 100% of the patients we found posterior cervical spondyloarthrosis with degenerative processes and osteofitosis in the cervical vertebrae in 50% of the patients.

We used A.I.N.S, analgesics, and physiotherapy to improve the posterior cervical column spondyloarthrosis symptoms. Betahistine and vitaminotherapy, in the patients where tinnitus is associated with profession related hearing loss, covering tinnitus acoustic prosthesis in 10% of the patients.

**Conclusions**

Most of the third aged patients that come to our clinic complaining of tinnitus, besides NSHL have other related pathologies like as posterior cervical spondyloarthrosis.

A good evaluation of the function of the acoustic nerve: audiometry, as well as cervical x-rays for the cervical column examination are a very important part of a good diagnose.

In some patients complaining of tinnitus most of the cases, age related NSHL, the right treatment of cervical spondyloarthrosis is the goal standard of improving tinnitus.

The symptom of tinnitus improved in 50% of the cases especially in those treated with both vitamin therapy and beta-histine and the therapy for the cervical spondyloarthrosis as well.