

## PERILYMPH FISTULA (PLF)

All Classes  
(Updated 11/29/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p><b>A. Resolved 5 or more years ago.</b></p>	<p>The AME should review the most recent <b>detailed Clinical Progress Note</b> generated from a clinic visit with the treating <b>otolaryngologist (ENT) or neurotologist</b>.</p> <p>If it verifies the treatment has been completed (surgical or medical) and no further episodes:</p>	<p><b>ISSUE</b></p> <p><b>Annotate</b> Block 60 <b>and submit</b> the ENT evaluation to the FAA for retention in the file.</p>
<p><b>B. FIRST</b> time the condition is reported to the FAA</p> <p>OR</p> <p>A new episode Within the last 5 years.</p>	<p>Once resolved and recovery period of:</p> <ul style="list-style-type: none"> <li>• One (1) month after surgery; or</li> <li>• Three (3) months if treated medically or with observation; and</li> <li>• Showing no further vertiginous attacks and hearing remains within standards.</li> </ul> <p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> <li>1. A <b>current, detailed Clinical Progress Note</b> generated from a clinic visit with the treating <b>otolaryngologist (ENT) or neurotologist no more than 90 days prior</b> to the AME exam.</li> <li>2. It must include: <ul style="list-style-type: none"> <li>• A detailed summary of the history of the condition;</li> <li>• Current medications, dosage, and side effects (if any);</li> <li>• Physical exam findings;</li> <li>• Results of any testing performed;</li> <li>• Diagnosis;</li> <li>• Assessment and plan prognosis; and</li> <li>• Follow-up.</li> </ul> </li> <li>3. It must specifically include: <ol style="list-style-type: none"> <li>a. If active disease exists.</li> <li>b. If in remission, when did remission commence.</li> </ol> </li> <li>4. Current clinical audiogram with Air-Conduction/Bone-Conduction (AC/BC) and Speech Discrimination (SD) (performed within the past 90 days).</li> </ol>	<p><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p><b>Follow up Issuance</b> Will be per the Authorization Letter</p>

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	<ol style="list-style-type: none"> <li>5. Additional tests such as (ECOG, VEMP, MRI with Gadolinium of the cerebellopontine angle [CPA], etc.) performed as clinically indicated.</li> <li>6. All Office treatment records.</li> <li>7. Copy of Operative report if surgery performed.</li> <li>8. Personal statement (typed) stating:               <ol style="list-style-type: none"> <li>a. Number of attacks;</li> <li>b. Severity;</li> <li>c. Type of symptoms;</li> <li>d. Episodes of hearing loss over the last year;</li> <li>e. What type of therapy or medication(s) are used for control; and</li> <li>f. How did the episode occur? (e.g., childbirth, straining, weightlifting, lightning strike, etc.).</li> </ol> </li> </ol>	