

INTRODUCTION

Cigarette smoking is one of the leading causes of morbidity, with well-established associations to cancer (Joshy et al, 2025), cardiovascular disease and respiratory illness (Paquette et al, 2018). Contemporary research indicates that there is a biological plausibility between smoking and elevated hearing thresholds (Parmer et al, 2024),. Cigarette smoking has been observed to induce vasoconstriction of the cochlear blood vessels, resulting in cochlear deoxygenation and increased oxidative stress (Anand et al, 2024). Ultimately, these processes contribute to the degradation of the outer hair cells within the cochlea (Tabuchi et al, 2010). Despite evidence linking smoking to poorer hearing outcomes, methodological limitations within research restrict the validity of these findings. Given that smoking is an independent and modifiable lifestyle factor, clarifying its role in contributing to auditory decline is of significant clinical and public importance.

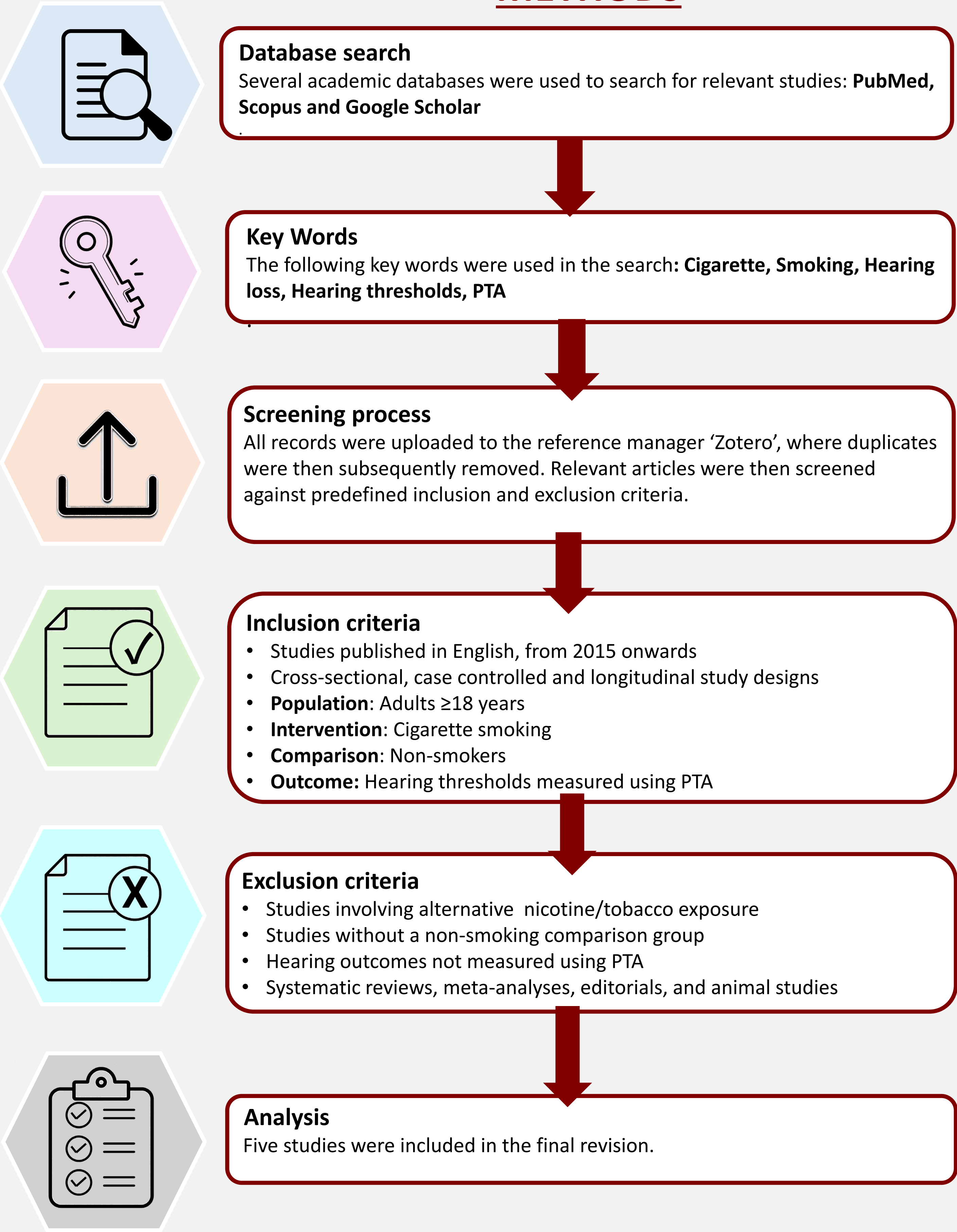
AIM

To analyse the literature about cigarette smoking and its relationship with hearing thresholds in adults, as assessed using pure-tone audiometry (PTA)

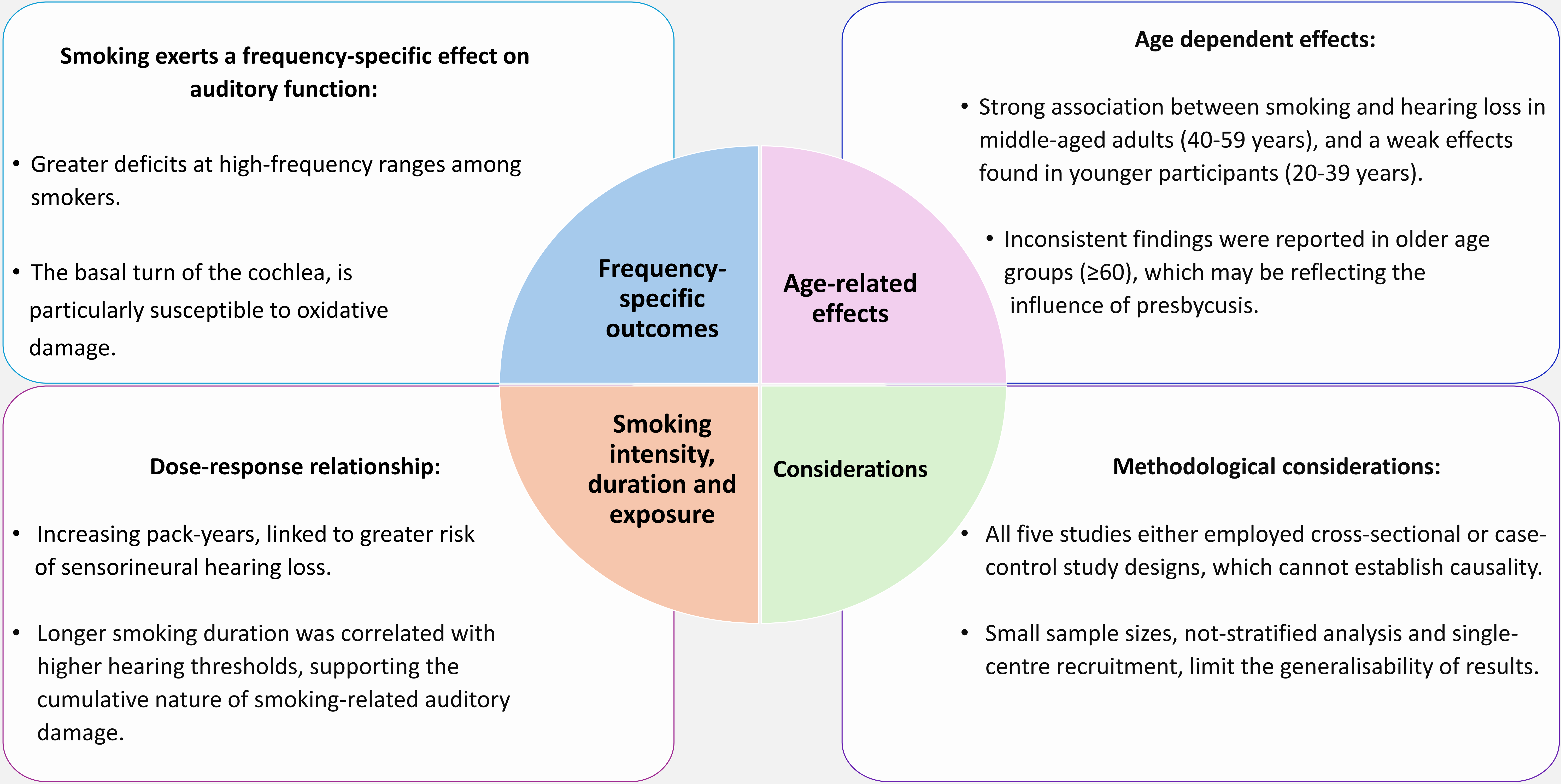
RESULTS

STUDY	FINDINGS
Huang et al, 2025	There is a significant correlation between smoking and sensorineural hearing loss (SNHL), (P=0.003)
Pezzoli et al, 2017	Hearing thresholds in smokers were significantly more elevated (22.8 ± 8.12 dB) in comparison to non- smokers (18.7 ± 6.12 dB: p< 0.0001).
Radhi and Dawood, 2025	Male smokers showed a higher prevalence of hearing loss across all frequencies in comparison to male non- smokers.
Syed et al, 2021	Non-smokers had an average PTA threshold of 3.7 dB in comparison to 12.5dB in smokers.
Wang et al, 2021	There was a statistically significant association between smoking status and hearing loss in male participants (p <0.001) but not in females (p> 0.05).

METHODS



THEMES



References

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