



Welcome to EarBase

EarBase is a data repository established by NIDCD to facilitate temporal bone research by providing a unified platform for data archival, sharing and analysis.

The initial release on June 1, 2026 included demographic and clinical data from ~8,000 human tissue donors. So far, about 1,400 cases have been integrated with ~100,000 images of H&E-stained temporal bone sections. Slide scanning and uploads for about 4,300 cases are ongoing toward a baseline total of ~500,000 images. About 2,500 of the cases listed on EarBase are currently held outside of the Network – those image sets will be added when available.

This **User Guide** was established to introduce new users to the platform, with tips for navigation and search.

Questions? Need help? Contact troy.hackett@nih.gov

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EarBase: System requirements



EarBase is accessible using most browsers, but Google Chrome or Firefox are recommended.



Viewing and interacting with EarBase is optimal on larger screens. While content can be explored on laptops and mobile devices, navigation of some features will require additional scrolling.



High-resolution images are converted on-the-fly from an original source file for display with the Image Viewer. Full-resolution images can be downloaded with appropriate access credentials.

Since image file sizes are between 1 and 40 GB, viewing and/or downloading may be very slow on some systems (memory, network speed, etc.).

EarBase : Platform and access



EarBase is built on the FaceBase platform, which hosts numerous craniofacial and dental datasets.



EarBase can be reached through the FaceBase homepage or by direct link to the EarBase landing page.

FaceBase homepage

Click on *EarBase* under
“Our Partner Consortia”

<https://www.facebase.org>

EarBase landing page

Recommended for
simplicity

<https://www.facebase.org/resources/earbase/>

EarBase : Open and Controlled Access



EarBase content has two modes: Open and Controlled. **Open Access** permits browsing of selected content. **Controlled Access** permits viewing and downloading of detailed content by approved users.



Unregistered Open Access: Default public mode. No login required. Access to EarBase Landing Page.



Registered Open Access: Register to obtain a Log-In (rapid approval). Access to limited EarBase content.



Controlled (Full) Access: NIH-required approval process to access controlled human data. Learn more here: [EarBase — User Guide & Data Access | FaceBase](#)



Sign Up for a free Registered Open Access Log-in from the FaceBase homepage (facebase.org)



DATA ▾

RESOURCES ▾

CONTRIBUTE ▾

POLICIES ▾

COMMUNITY ▾

HELP ▾



Sign Up

Log In

Section 1: Key features and organizational overview



EarBase Landing Page: General information about NIDCD temporal bone resources and links to the data pages.

Landing page link: [Welcome to EarBase | FaceBase](#)

[HOME](#) / [RESOURCES](#) / [WELCOME TO EARBASE](#)

EarBase

Supported by NIH/NIDCD

Explore Datasets

Explore Cases

Explore Projects

[Home](#)
[Who We Are](#)
[What We Do](#)
[Tissue Donation](#)
[News](#)

Welcome to EarBase!

This is a work in progress. We are continually adding new cases, refining tools, and expanding resources to support your research. Check back often for the latest updates!

NIDCD: Our Mission

The National Institute on Deafness and Other Communication Disorders (NIDCD) is a branch of the National Institutes of Health (NIH). Our mission is to advance the science of communication to improve lives.

Millions of children and adults around the world suffer from disorders of hearing, balance, taste, smell, voice, speech, and language—our Mission Areas. Those vital functions depend on the health of important structures of the head and neck.

The human **temporal bones**, located on both sides of the skull, contain the organs of hearing and balance, as well as nerves important for taste, tearing, salivation and control of the facial muscles. The **brain** interprets the signals it receives from these structures and regulates their functions. Injury or disease involving the temporal bone or brain are responsible for many communication disorders and related health problems. Unfortunately, effective treatments are not available for the majority of disorders, which is why we continue the search for cures through scientific research and the training of clinicians. For more details, please see [What We Do](#).

The NIDCD **Temporal Bone Initiative** supports a nationwide temporal bone donation program and network of affiliated laboratories dedicated to advancing research and discovery, and the EarBase repository, which serves as the central hub for data preservation, dissemination and analysis. Please see [Who We Are](#).

Cochlea

Ossicle

Crista

Crista (transverse)

Johns Hopkins U: A. Lauer, Z. Sayyid, Y. Balhi, H. Hiel

Human inner ear organs

News

APRIL 23, 2026

FDA Approves First-Ever Gene Therapy for Treatment of Genetic Hearing Loss

View all news →

Publications

UCLA

Temporal bone 3D reconstruction and analysis of endolymph volume in Meniere disease (2026)

Kanaris AA, Xiao AY, Blawie R, Lekovic GP, Go JL, Cai SS, Ishii M, House JW, Lopez JA, Ishiyama GR, Ishiyama A.

EarBase

EarBase is a database and repository supporting temporal bone research. Its purpose is to foster new discoveries by facilitating data analysis, tissue sharing, and collaboration.

Clinical data is integrated with histopathology and imaging to permit combined data analysis. Biorepository capabilities support tissue sharing.

EarBase is fully integrated with the FaceBase platform, where the data provided by craniofacial and temporal bone researchers are made available to the research community.

UNIV. OF MINNESOTA

Greater Cochlear Damage in Otogenic Versus Meningogenic Meningitis: Hearing Rehabilitation Implications (2026)

Tavares MP, Pauna HF, Monsanto RDC, Keskin-Yilmaz N, Almeida BLD, and Penido NO.

MASSACHUSETTS EYE & EAR

Hyperplastic growth, not hydrostatic distension, in endolymphatic hydrops in humans challenges the classic view of Meniere's disease (2025)

Bryton C, Correa DM, Bächinger D, et al.

MASSACHUSETTS EYE & EAR

Integrated histology and molecular profiling of postmortem human auditory and vestibular organs via a poly (methyl methacrylate)-based workflow (2025)

Bächinger D, Peyton B, Neubauer J, et al.

View all publications →

Who We Are

The Temporal Bone Registry and its history

Learn more

What We Do

Communication disorders and our search for cures

Learn more

Tissue Donation

How you can help and why it matters

Learn more

User Guide

How to use EarBase and access data

Learn more

Release Notes

What's new in EarBase

View notes

Contact Us

Questions about EarBase or data access

Get in touch

Many thanks to all of the tissue donors and their families for making a difference in the lives of others.

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EarBase Landing Page: Direct links to data pages (Projects, Datasets, Cases)



The FaceBase platform is organized around **Projects** and their **Datasets**.

EarBase adds a 3rd level (**Cases**) to facilitate search and data selection. **Explore Cases** is the best place to search all Datasets for donors or specimens by their attributes.

Platform organization is reviewed in the next few pages of this guide.

Explore Projects: access/edit Project information

Explore Datasets: access/edit Datasets for all or selected Projects

Explore Cases: access/edit Cases. Recommended entry for searching Cases by Project, Dataset, demographics, diagnoses, and specimen details.

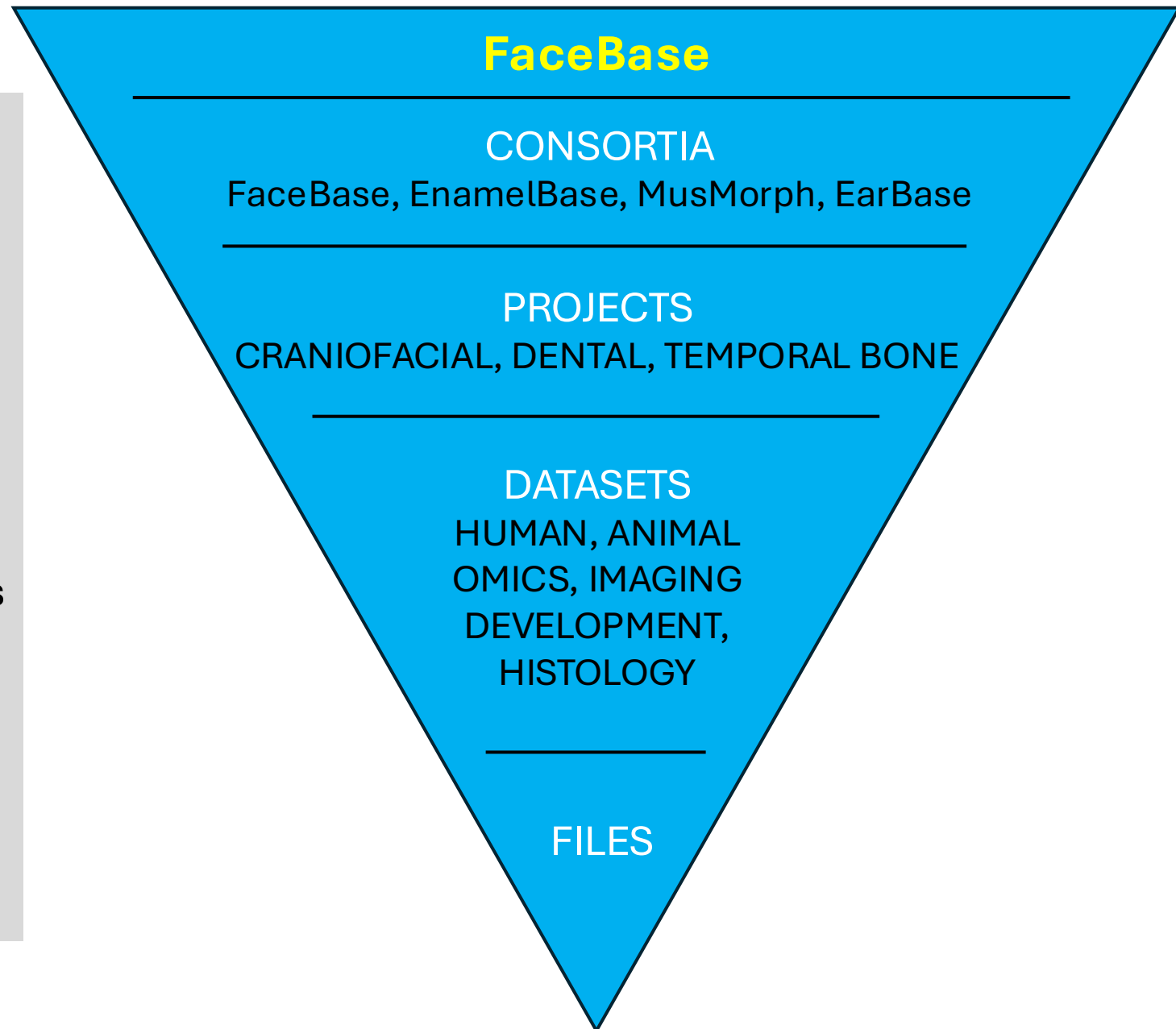
Platform Organization: FaceBase

FaceBase is organized around **Datasets**, generated by **Projects** within a **Consortium**.

The Datasets of all Projects and Consortia are searchable and have integrated elements.

EarBase is listed as a Consortium, containing Projects and Datasets.

New Projects and Datasets are added over time, and all are regularly updated to incorporate new content.



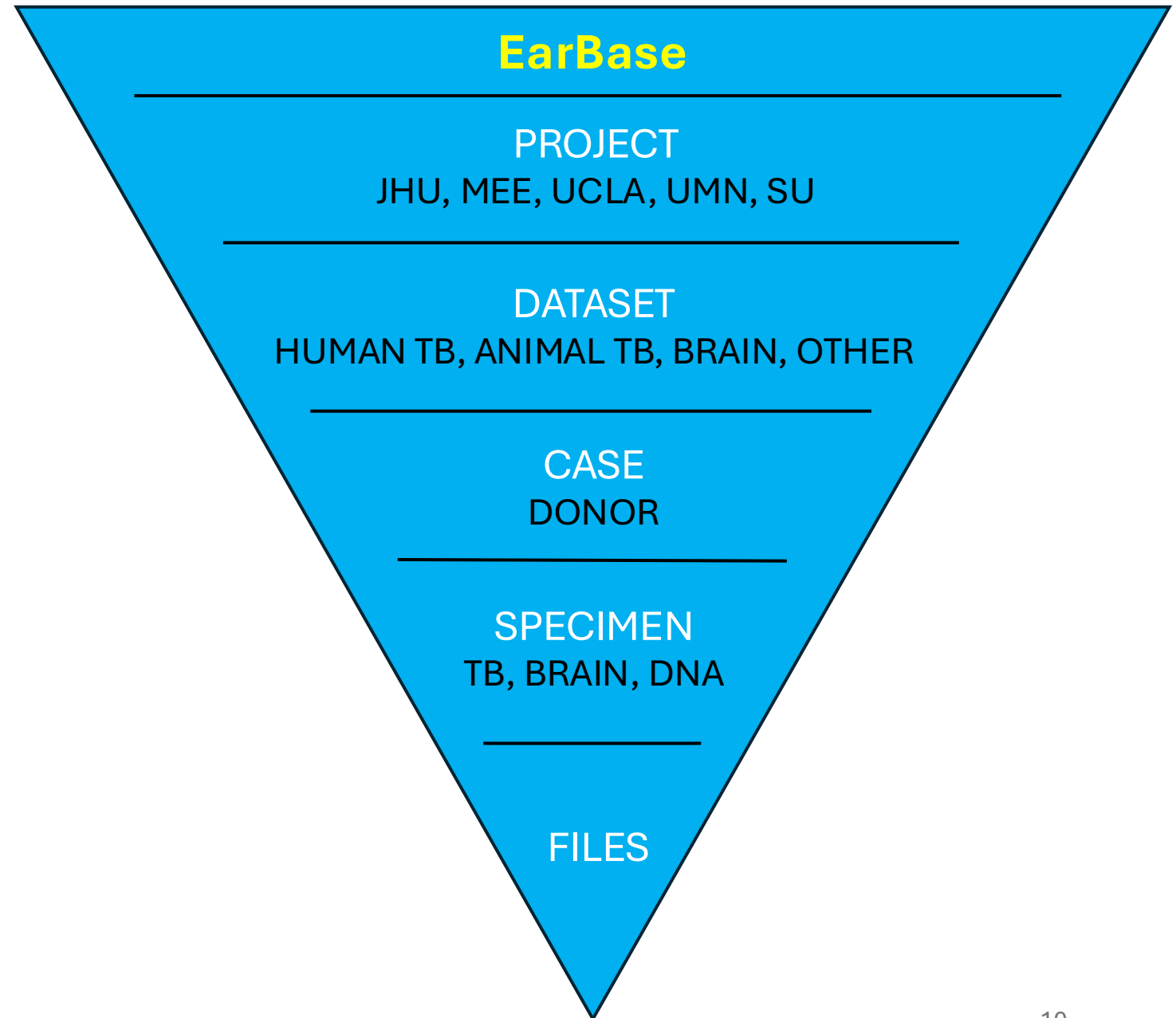
Platform Organization: EarBase

EarBase has 4 levels:

- Project
- Dataset
- Case
- Specimen

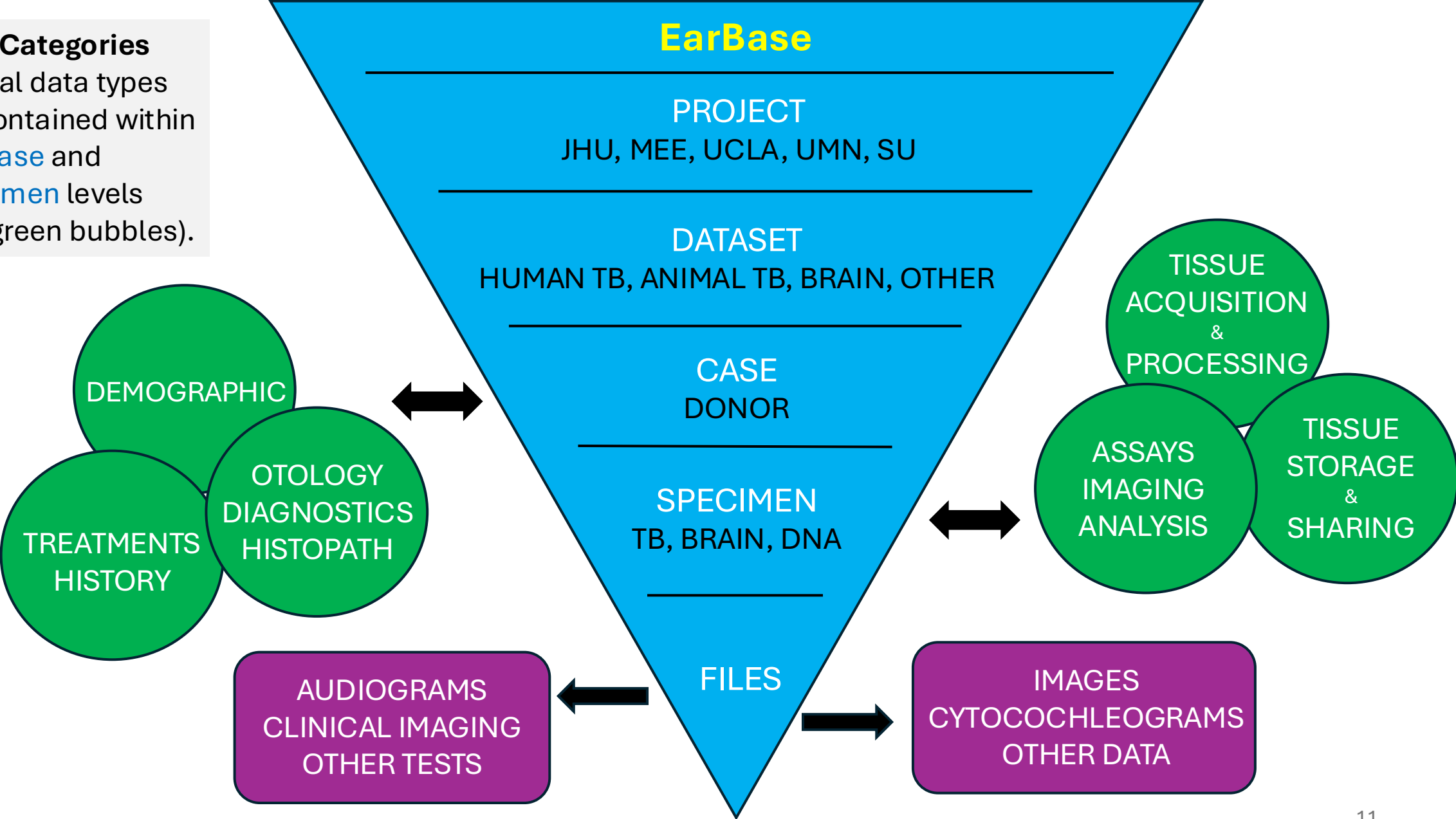
Each level houses different data types.

- **Projects** are the root entity of laboratories that manage a temporal bone or related research program.
- **Datasets** are a collection of related data types (e.g., human temporal bone). A Project may have multiple Datasets.
- Each Dataset contains multiple **Cases** (donors, patients, subjects) and their data.
- A single Case may be accompanied by one or more tissue **Specimens**.
- Cases and Specimens often contain **Files** (images, diagnostics, analyses, etc.).



Platform Organization: EarBase

Data Categories
Several data types are contained within the Case and Specimen levels (see green bubbles).



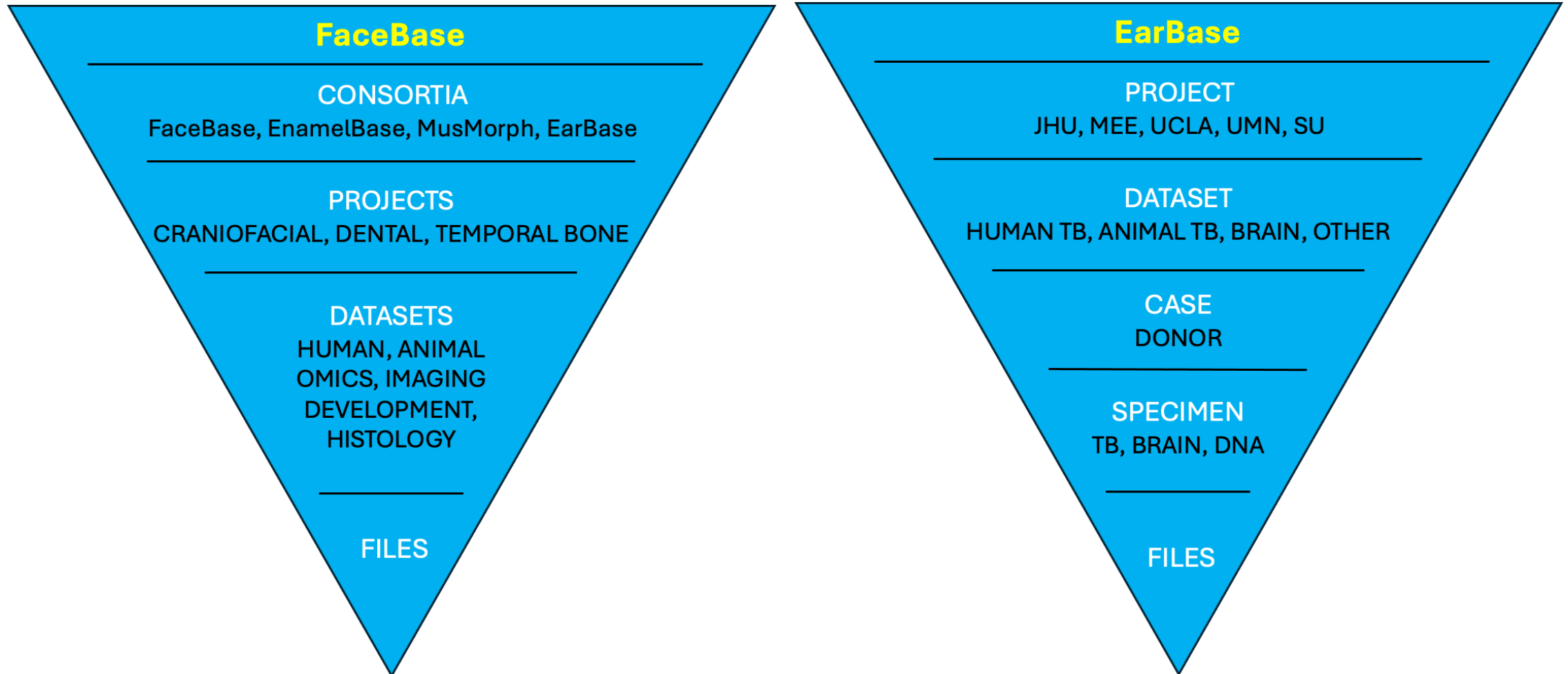
Section 2: Getting around in EarBase



Navigation: Getting around in EarBase

It is typical of databases with high levels of functionality and interleaved content to be powerful, but tricky to navigate until one masters the basics.

Keep these hierarchical levels in mind when moving around the platform:



Section 2.1: The Project Level



Section 2.1: The Project Level

- Navigate to the **Landing Page:**
[Welcome to EarBase | FaceBase](#)
- Click **Explore Projects**

The **Project** summary page looks like this:



Explore Projects: Information about the Projects that contribute data to EarBase.

- Project abstract
- PI(s) & key personnel
- Funding
- Links to Datasets

Filters

Summary

Project[®]

Search RID, Name, Abstract

X Consortium: EarBase Clear all filters

Displaying all 5 of 5 matching results

Refine search

Hide panel

Project Name

Search

All records with value

No value

Johns Hopkins Human Temporal Bone Resource

NIDCD - Archival Temporal Bone Collections

Otopathology of The Human Temporal Bone (Temporal Bon...

Temporal Bone Database UCLA -- Modern Studies of the Hu...

University of Minnesota: Resource Center for Human Tempo...

Show details

Project Investigator

Search all columns

All records with value

No value

N/A

Meredith Adams

John Carey

Sebahattin Cüreoglu

Akira Ishiyama

AmandA Lauer

Ivan Lopez

Alicia Quesnel

Show details

Project Member

Search

All records with value

No value

EarBase

FaceBase 2

FaceBase 1

EnamelBase

MusMorph

Show details

Consortium

Search

All records with value

No value

EarBase

FaceBase 2

FaceBase 1

EnamelBase

MusMorph

Show details

Species

Search

All records with value

No value

Homo sapiens

Show details

Experiment Type

Search

All records with value

No value

Audiogram

Hematoxylin and eosin stain

Show details

Actions	Name	Experiment Type(s)	Species	Abstract
	Temporal Bone Database UCLA -- Modern Studies of the Human Ear	Audiogram, hematoxylin and eosin stain	Homo sapiens	The UCLA Temporal Bone Laboratory serves as a unique resource for studying the human auditory and vestibular system using human archival temporal bones and surgically acquired specimens. Its mission is to better understand the mechanisms underlying inner ear disease to improve diagnostics and therapies. A defining strength of the laboratory is its access to human inner ear surgical specimens. These rare samples enable investigators to move beyond animal models and study disease processes directly in human tissue. This is an essential step for disorders with complex, multifactorial pathophysiology that do not have good experimental models. An important objective of the laboratory is to train otology fellows, ENT residents, medical students, PhD and undergraduate students in human temporal bone research. The laboratory offers training to histotechnicians and researchers for inner ear tissue collection, embedding, cutting, hematoxylin and eosin staining, immunohistochemistry and in situ hybridization. The laboratory uses a multidisciplinary approach that includes the use of classical anatomical techniques (histology), cellular and molecular biological methods; immunohistochemistry, immunofluorescence, whole genome sequencing, spatial transcriptomics, RNAscope multiplex fluorescent in situ hybridization and 3D image reconstruction of the inner ear using micro-CT scan and digital histological images, and more recently the use of artificial intelligence for 3D inner ear reconstruction and RNA transcriptomic analysis and cell quantification. The laboratory shares celloloin embedded sections for immunohistochemistry to basic inner ear and clinical researchers, and digital images for histopathological analysis. This collaborative research exemplifies the UCLA Temporal Bone Laboratory's commitment to combining human tissue access, advanced molecular techniques, and clinically driven questions. As the laboratory continues to expand its work in spatial transcriptomics, and inner ear biology, it remains uniquely positioned to generate insights that help redefine our understanding of inner ear disease.
	Otopathology of The Human Temporal Bone (Temporal Bone Database MEE)		Homo sapiens	Our group of basic researchers and clinician scientists at the Mass Eye and Ear, Department of Otolaryngology -- Head and Neck Surgery studies the histopathology of acquired and hereditary disorders of hearing and balance and curates one of the largest collections of human temporal bone (TB) specimens in the world. We also study animal models of a variety of sensorineural hearing and balance loss. Because the ear cannot be biopsied, and non-invasive imaging cannot yet provide cellular level resolution, insight into the pathologies underlying deafness and balance disorders derives from the study of TBs removed at autopsy, which classically have been decalcified, plastic-embedded and serially sectioned, with a subset then stained with hematoxylin and eosin (H&E) for pathological study. Our group continues to accrue and process human TBs and document the histopathology for correlation with the medical/otologic histories. We also distribute unstained sections from our TB archives to researchers for additional morphological, molecular biological or genetic studies. In addition, we continue to develop new approaches to TB preparation and morphometric analysis, including new embedding media and sectioning techniques that are more amenable to immunostaining and/or gene expression analysis and machine-learning driven analysis pipelines for quantification of histopathology.
	University of Minnesota: Resource Center for Human Temporal Bone Research, Innovation, and Education	hematoxylin and eosin stain	Homo sapiens	The study of the human temporal bone has been foundational to our understanding of inner ear anatomy, physiology, and disease. Despite its importance, temporal bone research remains limited by practical barriers related to tissue procurement, processing, preservation, distribution, and training. We established our Otopathology Laboratory as the "Resource Center for Human Temporal Bone Research, Innovation, and Education" to address these challenges and to expand access to high-quality human temporal bone specimens for the broader auditory and vestibular research communities. The Center serves as a national resource by providing structured procurement, processing, prioritization, and distribution of human temporal bone tissue. Leveraging a large archival collection, strong ongoing procurement capacity, and extensive technical expertise, the laboratory supplies well-characterized specimens tailored to the scientific needs of investigators. In addition to tissue distribution, the Center works to advance and optimize temporal bone preparation methods. Efforts include improving fixation, decalcification, embedding, sectioning, and visualization techniques to enhance tissue quality, reduce processing time and cost, and increase the ability to preserve and extract proteins and nucleic acids for modern molecular applications. A central component of the program is education and workforce development. The Center provides technical instruction in temporal bone processing and analysis through in-person and hybrid training modules. Protocols, educational materials, and technical resources are disseminated broadly to expand national expertise in otopathology. The Center also engages in active outreach to scientific and clinical communities through conference participation and digital platforms, promoting collaboration and increasing awareness of available resources. Through integrated expertise in procurement, histopathology, molecular optimization, education, and distribution, the Resource Center strengthens national infrastructure for human temporal bone research and supports innovation across auditory and vestibular science.
	Johns Hopkins Human Temporal Bone Resource		Homo sapiens	Temporal bone research is essential for refining our understanding of the mechanisms of otologic disease; however, the difficulty in accessing this tissue, the typically long processing times, and the expense have contributed to a dwindling number of labs engaged in this work. In the 1920s, the first human temporal bone laboratory in the U.S. was established at Johns Hopkins. The collection contains approximately ~1420 processed specimens from donors with a range of otologic diseases that were obtained primarily in the 1920s through 1970s, but only a handful of studies have made use of this collection in the past 20 years. We propose to make the collection more accessible to the scientific community and to re-establish the infrastructure for harvesting, imaging, and processing new specimens with the intention of recruiting new donors from population-based studies of aging in which participants have already consented to autopsies and brain donations being performed at Johns Hopkins, as well as other clinical otological studies ongoing in the Baltimore Metro Region. We will partner with faculty specializing in biological visualization, bilingual scientific communication, and mentoring diverse scientists to develop inclusive outreach tools. We will also partner with Baltimore-based transcriptomics resources to establish protocols for performing spatial transcriptomics analysis in nonhuman primate and human temporal bones. We will approach these objectives with three Specific Aims: 1) Catalog, prioritize, and digitize existing specimens from the Johns Hopkins Human Temporal Bone Collection; 2) Develop efficient harvesting, rapid histology, and spatial transcriptomics workflows for new specimens and establish partnerships for collecting specimens during autopsies performed on participants in epidemiological studies; 3) Education/outreach activities to encourage other investigators to engage in temporal bone research. The large temporal bone collection and the inner ear illustrations of Max Brödel at Johns Hopkins contributed greatly to our early understanding of many diseases of the ear, such as the discovery of glomus bodies, the histopathologic correlates of presbycusis, and innervation of the saccular maculae. The collection has also shown enduring value, contributing to our understanding of the prevalence of a deficient superior semicircular canal and arachnoid granulations as well as the role of melanin in cochlear and vestibular protection. Sharing this valuable collection with other researchers while applying novel techniques in digital transcriptomics and spatial transcriptomics will enhance our understanding of otologic disease. This task force will also develop the protocol of specimen distribution to more

...more

Section 2.1: The Project Level

Filter selections (left) determine the content displayed in the Summary (right)

Refine search

Hide panel

Project Name

Search

All records with value

No value

Johns Hopkins Human Temporal Bone Resource

NIDCD - Archival Temporal Bone Collections

Otopathology of The Human Temporal Bone (Temporal Bon...

Temporal Bone Database UCLA -- Modern Studies of the Hu...

University of Minnesota: Resource Center for Human Tempo...

Show details

Project Investigator

Search all columns

All records with value

No value

N/A

Meredith Adams

John Carey

Sebahattin Cureoglu

Akira Ishiyama

Amanda Lauer

Ivan Lopez

Alicia Quesnel

Show details

Project Member

Consortium

Species

Experiment Type

Project

Export

Permalink

Search RID, Name, Abstract

Consortium: EarBase

Clear all filters

Displaying all 5 of 5 matching results

Bulk edit

Actions	Name	Experiment Type(s)	Species	Abstract
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5

Section 2.1: The Project Level

Project listing and summaries

- In this example, basic information for the first 2 Projects is enlarged.
- In the **Actions** column, clicking on the "lookup icon"  opens that **Project** (*next page*).

Projectⁱ

[Export](#)[Permalink](#)[X Consortium: EarBase](#) [Clear all filters](#)Displaying all 5 of 5 matching results[Bulk edit](#)

Actions ⁱ	Name ⁱ	Experiment Type(s) ⁱ	Species ⁱ	Abstract ⁱ
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Section 2.1: The Project Level

Details for the selected Project:

- Title, abstract, funding, people, publications.
- Bottom, links to **Datasets** supported by that **Project** (see *next page and Section 2.2: The Dataset Level*).

Hide empty sectionsExportShare and cite

Project^①: Otopathology of The Human Temporal Bone (Temporal Bone Database MEE)

+ CreateCopyEditDelete

Identifiers ^①	Record ID: 85-SW9C DOI: 10.25550/85-SW9C (Released: 2026-06-01)	
Abstract ^①	Our group of basic researchers and clinician scientists at the Mass Eye and Ear, Department of Otolaryngology – Head and Neck Surgery studies the histopathology of acquired and hereditary disorders of hearing and balance and curates one of the largest collections of human temporal-bone (TB) specimens in the world. We also study animal models of a variety of sensorineural hearing and balance loss. Because the ear cannot be biopsied, and non-invasive imaging cannot yet provide cellular level resolution, insight into the pathologies underlying deafness and balance disorders derives from the study of TBs removed at autopsy, which classically have been decalcified, plastic-embedded and serially sectioned, with a subset then stained with hematoxylin and eosin (H&E) for pathological study. Our group continues to accrue and process human TBs and document the histopathology for correlation with the medical/otologic histories. We also distribute unstained sections from our TB archives to researchers for additional morphological, molecular biological or genetic studies. In addition, we continue to develop new approaches to TB preparation and morphometric analysis, including new embedding media and sectioning techniques that are more amenable to immunostaining and/or gene expression analysis and machine-learning driven analysis pipelines for quantification of histopathology.	
PI(s) ^①	M. Charles Liberman, Alicia Quesnel, Felipe Santos	+ Link recordsUnlink recordsEdit modeBulk editExplore
Project Member(s) ^①	Andreas Eckhard, Jennifer O'Malley, MengYu Zhu	+ Link recordsUnlink recordsEdit modeBulk editExplore
Funding ^①	NIDCD 1U24DC020849-01	
Consortium ^①	EarBase	
Publication(s) ^①	None	+ Add recordsEdit modeBulk editExplore
Protocol(s) ^①	None	+ Add recordsEdit modeBulk editExplore
Group Membership ^①	Click here to REQUEST MEMBERSHIP if you are a member of this research project and intend to submit data or edit existing data on behalf of this project. You do NOT need to be a member of this project in order to access and download data.	
QC Summary ^①	0 quality control issue(s) found for this project's datasets. Please see the "QC Issue(s)" section below for details and see the "QC Issue(s)" column of the "Dataset" section below.	

> QC Issue(s)Explore

Dataset

+ Add recordsBulk editExplore

Displaying all 4 records

Actions ^①	Record ID ^①	Title	Experiment Type(s) ^①	Species ^①	Stage(s) ^①	QC Issue(s) ^①	Release Date
	8A-JNZY	MEE Human Temporal Bone Dataset		Homo sapiens			2026-06-01
	AX-5W80	Eye & Ear Institute of Pittsburgh		Homo sapiens			2026-06-01
	AX-5W82	Henry Ford Hospital		Homo sapiens			2026-06-01
	AX-5W84	Otological Research Labs Ohio State University		Homo sapiens			2026-06-01

PreviousNext

Section 2.1: The Project Level

Dataset selection

- Selection from within the Project page is one of two ways to access **Datasets** associated with a **Project**.
- In this example, 4 Datasets are listed under the MEE Project.

Dataset								
+ Add records Bulk edit Explore								
Displaying all 4 records								
Actions ①	Record ID ①	Title ①	Experiment Type(s) ①	Species ①	Stage(s) ①	QC Issue(s) ①	Release Date ①	
	8A-JNZY	MEE Human Temporal Bone Dataset		Homo sapiens			2026-06-01	
	AX-SW80	Eye & Ear Institute of Pittsburgh		Homo sapiens			2026-06-01	
	AX-SW82	Henry Ford Hospital		Homo sapiens			2026-06-01	
	AX-SW84	Otological Research Labs Ohio State University		Homo sapiens			2026-06-01	
Previous Next								



Use the lookup icon to select a single Dataset.



Use the Explore icon to select all Datasets in the Project.

EarBase User Tip

Select a single Dataset to view, search and edit Cases & Specimens for that Dataset only.

Select Explore to access the Cases and Specimens contained in *all* of the Datasets managed by the Project. Datasets associated with other Projects are not indexed.

Section 2.2: The Dataset Level

EarBase User Tip

There are 2 ways to access Datasets in EarBase:

1. From within a Project (see Section 2.1 above)
2. From the EarBase landing page (covered in this section)



Section 2.2: The Dataset Level

- Navigate to the **Landing Page:**
[Welcome to EarBase | FaceBase](#)
- Click **Explore Datasets**



Explore Datasets: Information about the Datasets managed by Projects in EarBase.

- Dataset title and description
- PI(s) & key personnel
- Links to Cases and Files

The **Dataset** summary page looks like this:

Filters

Summary

Dataset								Export	Permalink
Search all columns									
X Consortium: EarBase Clear all filters									
Refine search Hide panel								+ Create	Bulk edit
Displaying all 22 of 22 matching results									
Actions	Record ID	Title	Experiment Type(s)	Species	Stage(s)	PI(s)	Release Date		
	85-RYYR	UCLA temporal bone laboratory collection	Audiogram, hematoxylin and eosin stain	Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01		
	8A-JNZY	MEE Human Temporal Bone Dataset		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01		
	8B-Q7AM	University of Minnesota - H&E stained temporal bone sections.	hematoxylin and eosin stain	Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01		
	A8-ASMW	JHU postmortem human temporal bone collection		Homo sapiens		Amanda Lauer, John Carey	2026-06-01		
	AX-SW74	New York University Medical Center Human Temporal Bone Collection		Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01		
	AX-SW78	University of Chicago temporal bone laboratory collection		Homo sapiens		N/A	2026-06-01		
	AX-SW7A	UCLA Goodhill Center temporal bone laboratory collection		Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01		
	AX-SW7C	Armed Forces Institute of Pathology		Homo sapiens		N/A	2026-06-01		
	AX-SW7E	Baylor School of Medicine		Homo sapiens		N/A	2026-06-01		
	AX-SW7G	Case Western University		Homo sapiens		N/A	2026-06-01		
	AX-SW7J	Northwestern University		Homo sapiens		N/A	2026-06-01		
	AX-SW7M	Shea Clinic		Homo sapiens		N/A	2026-06-01		
	AX-SW7P	Tufts New England Medical Center		Homo sapiens		N/A	2026-06-01		
	AX-SW7R	University of Iowa		Homo sapiens		N/A	2026-06-01		
	AX-SW7T	University of Texas, Southwestern Medical Center		Homo sapiens		N/A	2026-06-01		
	AX-SW7W	University of Wisconsin, Madison		Homo sapiens		N/A	2026-06-01		
	AX-SW7Y	Wake Forest School of Medicine, Winston-Salem		Homo sapiens		N/A	2026-06-01		
	AX-SW80	Eye & Ear Institute of Pittsburgh		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01		
	AX-SW82	Henry Ford Hospital		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01		
	AX-SW84	Otological Research Labs Ohio State University		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01		
	AX-F6Q2	University of California, San Diego		Homo sapiens		N/A	2026-06-01		
	AX-F6QA	University of Massachusetts		Homo sapiens		N/A	2026-06-01		

Section 2.2: The Dataset Level

Filters (left column) determine which Datasets are displayed in the listing (right columns)

Refine search

Hide panel

Title

Search

Q

☐ Armed Forces Institute of Pathology

☐ Baylor School of Medicine

☐ Case Western University

☐ Eye & Ear Institute of Pittsburgh

☐ Henry Ford Hospital

☐ JHU postmortem human temporal bone collecti...

☐ MEE Human Temporal Bone Dataset

☐ New York University Medical Center Human Te...

☐ Northwestern University

☐ Otological Research Labs Ohio State University

Show more

Project

Search RID, Name, Abstract

Q

☐ Temporal Bone Database UCLA – Modern Studie...

☐ Otopathology of The Human Temporal Bone (Te...

☐ University of Minnesota: Resource Center for Hu...

☐ Johns Hopkins Human Temporal Bone Resource

☐ NIDCD - Archival Temporal Bone Collections

Show details

Species

Search all columns

Q

☐ All records with value

☐ No value

☐ Homo sapiens

Show details

Protected Human Subjects

☐ Yes

Show details

Dataset

Search all columns

Consortium: EarBase Clear all filters

Displaying all 22 of 22 matching results

Export Permalink

Create Bulk edit

Actions	Record ID	Title	Experiment Type(s)	Species	Stage(s)	PI(s)	Release Date
	85-RYYR	UCLA temporal bone laboratory collection	Audiogram, hematoxylin and eosin stain	Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01
	8A-JNZY	MEE Human Temporal Bone Dataset		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01
	8B-Q7AM	University of Minnesota - H&E stained temporal bone sections.	hematoxylin and eosin stain	Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01
	A8-ASMW	JHU postmortem human temporal bone collection		Homo sapiens		Amanda Lauer, John Carey	2026-06-01
	AX-5W74	New York University Medical Center Human Temporal Bone Collection		Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01
	AX-5W78	University of Chicago temporal bone laboratory collection		Homo sapiens		N/A	2026-06-01
	AX-5W7A	UCLA Goodhill Center temporal bone laboratory collection		Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01
	AX-5W7C	Armed Forces Institute of Pathology		Homo sapiens		N/A	2026-06-01
	AX-5W7E	Baylor School of Medicine		Homo sapiens		N/A	2026-06-01
	AX-5W7G	Case Western University		Homo sapiens		N/A	2026-06-01
	AX-5W7J	Northwestern University		Homo sapiens		N/A	2026-06-01
	AX-5W7M	Shea Clinic		Homo sapiens		N/A	2026-06-01
	AX-5W7P	Tufts New England Medical Center		Homo sapiens		N/A	2026-06-01
	AX-5W7R	University of Iowa				N/A	2026-06-01
	AX-5W7T	University of Texas, Southwestern Medical Center		Homo sapiens		N/A	2026-06-01
	AX-5W7W	University of Wisconsin, Madison		Homo sapiens		N/A	2026-06-01
	AX-5W7Y	Wake Forest School of Medicine, Winston-Salem		Homo sapiens		N/A	2026-06-01
	AX-5W80	Eye & Ear Institute of Pittsburgh		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01

Section 2.2: The Dataset Level

Dataset listing and summaries

- In this example, basic information for the first six Datasets is enlarged.
- In the **Actions** column, clicking on the "lookup icon"  opens that **Dataset** (*next page*).

Dataset

[Export](#) [Permalink](#)

Search all columns



[X Consortium: EarBase](#) [Clear all filters](#)

Displaying all [22](#) of 22 matching results

[+ Create](#) [Bulk edit](#)

Actions [ⓘ]	Record ID [ⓘ] [↕]	Title [↕]	Experiment Type(s) [ⓘ]	Species [ⓘ]	Stage(s) [ⓘ]	PI(s) [ⓘ]	Release Date [↓]
	85-RYYR	UCLA temporal bone laboratory collection	Audiogram, hematoxylin and eosin stain	Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01
	8A-JNZY	MEE Human Temporal Bone Dataset		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01
	8B-Q7AM	University of Minnesota - H&E stained temporal bone sections.	hematoxylin and eosin stain	Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01
	A8-ASMW	JHU postmortem human temporal bone collection		Homo sapiens		Amanda Lauer, John Carey	2026-06-01
	AX-5W74	New York University Medical Center Human Temporal Bone Collection		Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01
	AX-5W78	University of Chicago temporal bone laboratory collection		Homo sapiens		N/A	2026-06-01

Section 2.2: The Dataset Level

Dataset info and related content

- The top (header) section contains an overview of the selected **Dataset**.
- At the bottom are two sections: **Case** and **File** (their dialogue bar may be open or closed using >).
 - **Case**: listings of all Cases in the selected Dataset
 - Click the “>” to view and scroll through a list of Cases (there may be several hundred)
 - Click the Explore icon to search all of the Cases in this Dataset.
 - **File**: listings of all Files in the selected Dataset (e.g., images, audiograms, etc.)
 - Click the “>” to view and scroll through a list of Files (there may be several hundred)
 - Click the Explore icon to search all of the Files in this Dataset.

Show empty sectionsExportShare and cite

CreateCopyEditDelete

Dataset: UCLA temporal bone laboratory collection

Identifiers ⓘ	Record ID: 85-RYYR Accession: FB00001413 DOI: 10.25550/85-RYYR (Released: 2026-06-01)
Description	The UCLA Temporal Bone Laboratory in the Department of Head and Neck Surgery at the “David Geffen” School of Medicine houses a larger collection of human temporal bones (1200+) collected from 1975 to the present. The temporal bones were formalin fixed and embedded in celloidin (a plastic like material), sectioned at 20 microns, one section in every 10th was stained with hematoxylin and eosin and the rest store for research purposes.
Project	Temporal Bone Database UCLA – Modern Studies of the Human Ear
Contributor(s) ⓘ	Akira Ishiyama, Ivan Lopez
Protected Human Subjects ⓘ	Yes
Experiment Type	Audiogram, hematoxylin and eosin stain
Species	Homo sapiens
Gene	PBX1
QC Summary ⓘ	0 quality control issues flagged for this dataset.

> Case ⓘ> File

+ Add recordsBulk editExplore

+ Add recordsBulk editExplore

Section 2.2: The Dataset Level

The **Case** section is expanded showing the first 2 entries.

- Select the lookup icon  to view a single **Case**.
- Select the Explore icon  to view all of the **Cases** in the **Dataset**.

Dataset: UCLA temporal bone laboratory collection

Show empty sections

Export

Share and cite

Create

Copy

Edit

Delete

Identifiers

Record ID: 85-RYYR Accession: FB00001413 DOI: 10.25550/85-RYYR (Released: 2026-06-01)

Description

The UCLA Temporal Bone Laboratory in the Department of Head and Neck Surgery at the "David Geffen" School of Medicine houses a larger collection of human temporal bones (1200+) collected from 1975 to the present. The temporal bones were formalin fixed and embedded in celloidin (a plastic like material), sectioned at 20 microns, one section in every 10th was stained with hematoxylin and eosin and the rest store for research purposes.

Project

Temporal Bone Database UCLA - Modern Studies of the Human Ear

Contributor(s)

Akira Ishiyama, Ivan Lopez

+ Add records

Edit mode

Bulk edit

Explore

Protected Human Subjects

Yes

Experiment Type

Audiogram, hematoxylin and eosin stain

+ Link records

Unlink records

Table mode

Explore

Species

Homo sapiens

+ Link records

Unlink records

Table mode

Explore

Gene

PBX1

+ Link records

Unlink records

Table mode

Explore

QC Summary

0 quality control issues flagged for this dataset.

Case

+ Add records

Bulk edit

Explore

Displaying first 25 records

Actions	RID	Age	Sex	Postmortem Time	Has Images?	Audiogram(s)?	Clinical Summary	Otologic Diagnosis	Histopathology	Treatments and Procedures	Case #	Case Index	L Specimen/Tray #	R Specimen/Tray #	
	AW-SPYT	73.0	female organism		No	No	Case notes: Tumor removal was performed. Duration of illness was 84 months. Tinnitus was present in the left ear. A non-fluctuating, progressive hearing loss was present in the left ear. Patient experienced constant balance disturbance. Pain was present in the left ear. Patient's vertigo remained the same between first and last visit. Patient's hearing remained the same between first and last visit. Patient's tinnitus remained the same between first and last visit. Cutting plane was horizontal (left). Artifact, external canal (left). Artifact, tympanic membrane (left). Artifact, middle ear <i>right: ossicle is anterior to position</i> more	Acoustic tumor				HEI No. 0049	HTB1		
	AW-SPYW		female organism		No	No	Case notes: Cutting plane was horizontal (right). The left temporal bone was discarded, severe post mortem artifact. Cochlear duct is abnormal (right). Utricle is abnormal (right). Sacculle is abnormal (right). Superior semicircular canal is abnormal (right). Lateral semicircular canal is abnormal (right). Posterior semicircular canal is abnormal (right). Utriculo-endolymphatic valve is abnormal (right). Endolymphatic duct is abnormal (right). Endolymphatic sac is abnormal (right). Basal turn spiral ligament is 100% normal (right). Basal turn stria vascularis is 100% normal (right). Basal turn dendrite more	CNS disease				HEI No. 0050	HTB2		



Section 2.2: The Dataset Level

The **File** section is expanded here, showing the first several entries.

- Select the lookup icon  to view a single **File** in the image viewer (e.g., H&E image file)
- Select the Explore icon  to view all of the **Files** in the **Dataset**.
- Files may be downloaded from the list (depending on the user's Access Status).

Dataset: MEE Human Temporal Bone Dataset

+ Create + Copy Edit Delete

Project	Otopathology of The Human Temporal Bone (Temporal Bone Database MEE)	
Contributor(s) ⓘ	Alicia Quesnel, MengYu Zhu	+ Add records Edit mode Bulk edit Explore
Protected Human Subjects ⓘ	Yes	
Species	Homo sapiens	+ Link records Unlink records Table mode Explore
QC Summary ⓘ	0 quality control issues flagged for this dataset.	

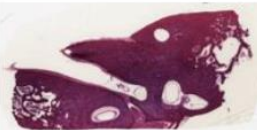
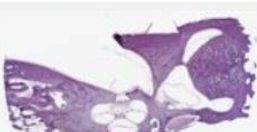
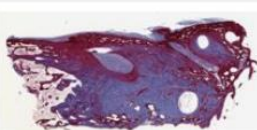
> Case ⓘ

+ Add records Bulk edit Explore

▼ File

+ Add records Bulk edit Explore

Displaying first 25 records

Actions ⓘ	Thumbnail(s)	Details ⓘ	
		Record ID 8A-3P02 Dataset MEE Human Temporal Bone Dataset Download 1075859-H1R200.svs (198 MB) Last Modified 2026-06-01 20:16:58	
		Record ID 8A-3P04 Dataset MEE Human Temporal Bone Dataset Download 1075860-H1R210.svs (256 MB) Last Modified 2026-06-01 20:18:14	
		Record ID 9C-EMV2 Dataset MEE Human Temporal Bone Dataset Download 1012310-H5R326.svs (294 MB) Last Modified 2026-05-20 13:37:19	
		Record ID 9C-EMV4 Dataset MEE Human Temporal Bone Dataset Download 1012298-H5R208.svs (370 MB) Last Modified 2026-05-20 13:38:59	



Section 2.2: The Dataset Level

A single image **File** was selected from the listing, opening it in the viewer tool.

- The viewer can zoom, pan. Rotation and annotation buttons are coming soon.

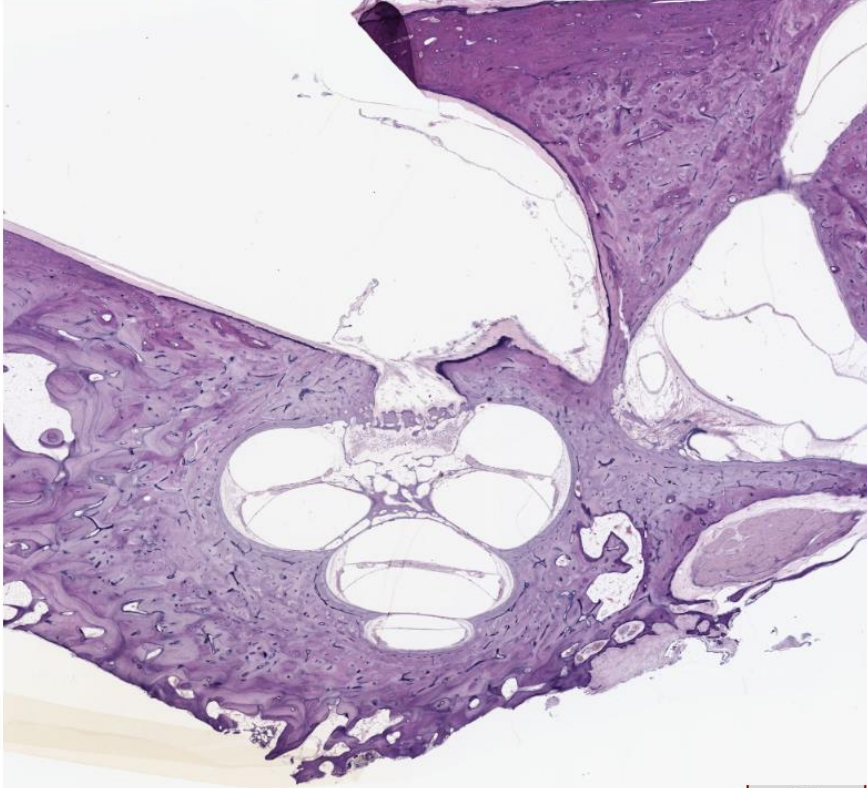
File: 1012310-H5R326.svs

File Size	294 MB ⓘ
Md5	498e3dd264c1a3f97158a3031c62115a
Data Type ⓘ	imaging data
File Format ⓘ	SVS
Gene ⓘ	<i>None</i>

Visualization

Full screen

Show Annotations Show Channel List Zoom In Zoom Out Reset Zoom Take a Screenshot



2 mm

Section 2.3: The Case Level

EarBase User Tips

The Case level is the most useful place to begin a search when the goal is the identify Cases and Specimens by criteria such as age, otologic diagnosis, audiometric results, etc.

There are 2 ways to access **Cases** in EarBase:

1. From within a Dataset (see Section 2.2 above)
2. From the EarBase landing page (covered in this section)
 1. This is the fastest way to start a search.



Section 2.3: The Case Level

- Navigate to the **Landing Page:**
[Welcome to EarBase | FaceBase](#)
- Click **Explore Cases**



Explore Cases: Information about the Cases (aka donors, patients, subjects) that donated tissues for research.

- Demographics
- Diagnostics, treatments
- Specimens donated

The **Case** summary page looks like this:

Filters **Summary**

The screenshot shows the EarBase Case summary page. On the left, there is a 'Refine search' sidebar with various filters. The main area displays a table of cases. A red arrow points to the 'Filters' section of the sidebar.

Refine search

- Project
- Dataset
- Archival Collection
- Species
- Case Number
- Left Specimen/Tray Number
- Right Specimen/Tray Number
- Donor Registry or Autopsy Number
- Case ID
- Case Index
- Has Images?
- Sex
- Race
- Ethnicity
- Age in Years
- Cause Of Death
- Postmortem Time
- Year Of Death
- Otologic Diagnosis
- Otologic Testing
- Diagnostic Test Date
- Specimen Type

Case Summary Table

Actions	RID	Age	Sex	Postmortem Time	Has Images?	Audiogram(s)?	Clinical Summary	Otologic Diagnosis	Histopathology	Treatments and Procedures	Case #	Case ID
	AW-TD4A	83.0	female organism	19.2	Yes	No	This woman was in good health until the age of 83 when she developed a reticulum cell sarcoma of the left central hemisphere and died. She had a long history of ear problems dating back more than 20 years. ENT examination approximately three weeks before death revealed bilateral chronic suppurative otitis media with cholesteatoma on the right and a large aural polyp and perforation on the left. No	1. Otitis media, chronic, suppurative, active, left 2. Fibroproliferative and cystic obliteration, middle ear, left 3. Fibrocytic and osseous obliteration, mastoid, left 4. Perforation, tympanic membrane, left 5. Aural polyp, left 6. Retraction pocket, left	This left temporal bone is in a good state of histologic preservation and preparation. The petrous apex region was cut off during removal of the temporal bone; however, the bony labyrinth is intact. The tympanic membrane shows severe fibrous thickening posterior to the manubrium and a deep retraction pocket leading to a perforation anteriorly. There is a large		1	201318
	AW-TD4C	52.8	male organism	4.0	Yes	No	At the age of 53 the patient stated that he had a hearing loss for about 30 years, slightly worse on the right side. Audiometry revealed a bilateral combined sensorineural and conductive hearing loss and a diagnosis of otosclerosis was made. During the ensuing months he indicated a profound hearing loss in the right ear for which a hearing aid was of no value. He died of pulmonary carcinoma	1. Otosclerosis, severe, bilateral 2. Rupture of the cochlear duct secondary to atrophy of the spiral ligament caused by otosclerosis, right 3. Ossesous and fibrous obliteration of the round window niche, bilateral 4. Stapes fixation, severe, bilateral, caused by otosclerosis	Right ear: The tympanic membrane and ossicles are intact; however, the oval window is partially filled with a thick focus of otosclerosis which has replaced the footplate and part of the crura as well as adjacent parts of the bony labyrinth. There is extensive involvement of the lateral wall of the bony labyrinth. The round window niche is partly obliterated by thickened fibrous tissue and bone.		10	201323
	AW-TD4C	57.0	male organism	12.0	Yes	No	This physician had a bilateral high-tone sensorineural hearing loss audiometrically recorded at ages 52, 53, 54, and 55. He died at the age of 57, two years after the last audiogram. The left ear shows chronic external otitis probably caused by fungus growth. There is bilateral localized loss of hair cells in the midbasal turn areas. The location and histologic appearance of the lesions are consistent with acoustic trauma. Detailed history	1. Otitis externa, caused by fungus, left 2. Hyperkeratosis, external auditory canal, left 3. Myringitis, otitis externa, left 4. Acoustic trauma, bilateral 5. Hair cells, focal loss, midbasal turn, bilateral	These temporal bones show moderate postmortem autolysis of the membranous labyrinth; however, the bony structures are in excellent condition. Histologic preparation is good. Except for external otitis on the left side, the ears appear quite similar and can be described together. Both ears show extensive pneumatization of the mastoids and prominent		100	201329

The Case level has a large array of filters to conduct a targeted search based on selection of dozens of criteria.

Section 2.3: The Case Level

Filter selections (left, partial list in view) determine which **Cases** are displayed in the listing (right).

Refine search

Hide panel

> Species

> Case Number

> Left Specimen/Tray Number

> Right Specimen/Tray Number

> Donor Registry or Autopsy Number

> Case ID

> Case Index

> Has Images?

> Sex

> Race

> Ethnicity

> Age in Years

> Cause Of Death

> Postmortem Time

> Year Of Death

> Otologic Diagnosis

> Diagnostic Testing

> Diagnostic Test Date

> Specimen Type

> Specimen ID

> Specimen Source

> Specimen Location

> Fixation Type

> Fixation Time

> Embedding Media

> Sectioning Method

> Decalcification Method

> Plane of Section

Case

Search all columns

Project: Otopathology of The Hu... Clear all filters

Show filter panel

Displaying first 25 of 2,395 matching results

Actions	RID	Age	Sex	Postmortem Time	Has Images?	Audiogram(s)?	Clinical Summary	Otologic Diagnosis	Histopathology	Treatments and Procedures	Case #	Case Index	L.Specimen/Tray #
	AW-TD4A	83.0	female organism	19.2	Yes	No	This woman was in good health until the age of 83 when she developed a reticulum cell sarcoma of the left cerebral hemisphere and died. She had a long history of ear problems dating back more than 20 years. ENT examination approximately three weeks before death revealed bilateral chronic suppurative otitis media with cholesteatoma on the right and a large aural polyp and perforation on the left. No audiometric tests were done; however, utilizing a reaction time experiment -- more	1. Otitis media, chronic, suppurative, active, left 2. Fibroproliferative and cystic obliteration, middle ear, left 3. Fibrocystic and osseous obliteration, mastoid, left 4. Perforation, tympanic membrane, left 5. Aural polyp, left 6. Retraction pocket, left	This left temporal bone is in a good state of histologic preservation and preparation. The petrous apex region was cut off during removal of the temporal bone; however, the bony labyrinth is intact. The tympanic membrane shows severe fibrous thickening posterior to the manubrium and a deep retraction pocket leading to a perforation anteriorly. There is a large anteroinferior perforation into which protrudes a lobulated aural polyp arising from the thickened mucosa of the inferior part of the -- more		1	201318	252
	AW-TD4C	52.8	male organism	4.0	Yes	No	At the age of 53 the patient stated that he had a hearing loss for about 30 years, slightly worse on the right side. Audiometry revealed a bilateral combined sensorineural and conductive hearing loss and a diagnosis of otosclerosis was made. During the ensuing months he indicated a profound hearing loss in the right ear for which a hearing aid was of no value. He died of pulmonary carcinoma approximately one year following the audiogram. At the time of death it is believed -- more	1. Otosclerosis, severe, bilateral 2. Rupture of the cochlear duct secondary to atrophy of the spiral ligament caused by otosclerosis, right 3. Osseous and fibrous obliteration of the round window niche, bilateral 4. Stapes fixation, severe, bilateral, caused by otosclerosis	Right ear. The tympanic membrane and ossicles are intact; however, the oval window is partially filled with a thick focus of otosclerosis which has replaced the footplate and part of the crura as well as adjacent parts of the bony labyrinth. There is extensive involvement of the lateral wall of the bony labyrinth. The round window niche is partly obliterated by thickened fibrous tissue and bone. There is severe atrophy of the spiral ligament with extensive rupture of the cochlear duct throughout the -- more		10	201323	42
	AW-TD4G	57.0	male organism	12.0	Yes	No	This physician had a bilateral high-tone sensorineural hearing loss audiometrically recorded at ages 52, 53, 54, and 55. He died at the age of 57, two years after the last audiogram. The left ear shows chronic external otitis probably caused by fungus growth. There is bilateral localized loss of hair cells in the midbasal	1. Otitis externa, caused by fungus, left 2. Hyperkeratosis, external auditory canal, left 3. Myringitis, otitis externa, left 4. Acoustic trauma, bilateral 5. Hair cells, focal loss, midbasal turn, bilateral	These temporal bones show moderate postmortem autolysis of the membranous labyrinths; however, the bony structures are in excellent condition. Histologic preparation is good. Except for external otitis on the left side, the ears appear quite similar and can be described together. Both ears show extensive pneumatization of the mastoids		100	201329	863

EarBase User Tips

Because EarBase contains many filters and data fields, it can be necessary to scroll (up-down, left-right) to view available content.

Viewing is easier on a large screen, and recommended for extensive sessions.

Section 2.3: The Case Level

Example Search: Otologic diagnosis = “tinnitus”. Located 1,398 cases.

Refine search

Year Of Death

▼ Otologic Diagnosis

tinnitus

☒ All records with value
☐ No value

1. Normal auditory and vestibular systems, bilateral 2. Pneumatized incus, ri...

1. Normal temporal bones, bilateral 2. No histopathologic correlate for tinnit...

Clinical: 1. Bilateral progressive sensorineural loss secondary to genetic etiol...

Clinical: 1. Labyrinthitis, left ear with sensorineural hearing loss, tinnitus and ...

Clinical: 1. Meniere's disease left (age 32), tinnitus and vertigo attack, progres...

Clinical: 1. Meniere's disease, with vertigo and with fluctuating sensorineural...

Clinical: 1. Meniere's syndrome, left 2. Cochleosacculotomy , left 3. Fat graf...

Clinical: 1. Pulse synchronous tinnitus, left ear 2. Mixed hearing loss, left ear 3...

Clinical: 1. Twelve-year history of bilateral progressive hearing loss, treated wi...

Show details

Diagnostic Testing

Diagnostic Test Date

Specimen Type

Specimen ID

Specimen Source

Specimen Location

Fixation Type

Case

Search all columns

Project: Otopathology of The HU...

Otologic Diagnosis: All records with value

Clear all filters

Displaying first 25 of 1,198 matching results

Actions	RID	Age	Sex	Postmortem Time	Has Images?	Audiogram(s)?	Clinical Summary	Otologic Diagnosis	Histopathology	Tr
	AW-TD4A	83.0	female organism	19.2	Yes	No	This woman was in good health until the age of 83 when she developed a reticulum cell sarcoma of the left cerebral hemisphere and died. She had a long history of ear problems dating back more than 20 years. ENT examination approximately three weeks before death revealed bilateral chronic suppurative otitis media with cholesteatoma on the right and a large aural polyp and perforation on the left. No audiometric tests were ... more	1. Otitis media, chronic, suppurative, active, left 2. Fibroproliferative and cystic obliteration, middle ear, left 3. Fibrocystic and osseous obliteration, mastoid, left 4. Perforation, tympanic membrane, left 5. Aural polyp, left 6. Retraction pocket, left	This left temporal bone is in a good state of histologic preservation and preparation. The petrous apex region was cut off during removal of the temporal bone; however, the bony labyrinth is intact. The tympanic membrane shows severe fibrous thickening posterior to the manubrium and a deep retraction pocket leading to a perforation anteriorly. There is a large anteroposterior perforation ... more	
	AW-TD4C	52.8	male organism	4.0	Yes	No	At the age of 53 the patient stated that he had a hearing loss for about 30 years, slightly worse on the right side. Audiometry revealed a bilateral combined sensorineural and conductive hearing loss and a diagnosis of otosclerosis was made. During the ensuing months he indicated a profound hearing loss in the right ear for which a hearing aid was of no value. He died of pulmonary carcinoma approximately one year ... more	1. Otosclerosis, severe, bilateral 2. Rupture of the cochlear duct secondary to atrophy of the spiral ligament caused by otosclerosis, right 3. Osseous and fibrous obliteration of the round window niche, bilateral 4. Stapes fixation, severe, bilateral, caused by otosclerosis	Right ear. The tympanic membrane and ossicles are intact; however, the oval window is partially filled with a thick focus of otosclerosis which has replaced the footplate and part of the crura as well as adjacent parts of the bony labyrinth. There is extensive involvement of the lateral wall of the bony labyrinth. The round window niche is partly obliterated by thickened fibrous tissue and bone. There is severe atrophy of ... more	
	AW-TD4G	57.0	male	12.0	Yes	No	This physician had a bilateral	1. Otitis externa, caused by	These temporal bones	

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Section 2.3: The Case Level

Example Search 2: Otologic diagnosis = “tinnitus”; then searched “perforation”. Narrowed to 149 cases.

Case^①

perforation

Project: Otopathology of The Hu...

Otologic Diagnosis: All records with value

Clear all filters

Refine search

Hide panel

Displaying first 25 of 149 matching results

> Race

> Ethnicity

> Age in Years^①

> Cause Of Death^①

> Postmortem Time^①

> Year Of Death^①

> Otologic Diagnosis^①

tinnitus

All records with value

No value^①

1. Normal auditory and vestibular systems, bilateral 2. Pneumatized incus, ri...

1. Normal temporal bones, bilateral 2. No histopathologic correlate for tinnit...

Clinical: 1. Bilateral progressive sensorineural loss secondary to genetic etiol...

Clinical: 1. Labyrinthitis, left ear with sensorineural hearing loss, tinnitus and ...

Clinical: 1. Meniere's disease left (age 32), tinnitus and vertigo attack, progres...

Clinical: 1. Meniere's disease, with vertigo and with fluctuating sensorineural...

Clinical: 1. Meniere's syndrome, left 2. Cochleosacculotomy ②, left 3. Fat graf...

Clinical: 1. Pulse synchronous tinnitus, left ear 2. Mixed hearing loss, left ear 3...

Clinical: 1. Twelve-year history of bilateral progressive hearing loss, treated wi...

Show details

> Diagnostic Testing

> Diagnostic Test Date

> Specimen Type

> Specimen ID^①

> Specimen Source

> Specimen Location

> Fixation Type

> Fixation Time^①

> Embedding Media

> Sectioning Method

Actions ^①	RID ^①	Age ^①	Sex ^①	Postmortem Time ^①	Has Images?	Audiogram(s)?	Clinical Summary ^①	Otologic Diagnosis ^①	Histopathology ^①	Tr
	AW-TD4A	83.0	female organism	19.2	Yes	No	This woman was in good health until the age of 83 when she developed a reticulum cell sarcoma of the left cerebral hemisphere and died. She had a long history of ear problems dating back more than 20 years. ENT examination approximately three weeks before death revealed bilateral chronic suppurative otitis media with cholesteatoma on the right and a large aural polyp and perforation on the left. No audiological testures... more	1. Otitis media, chronic, suppurative, active, left 2. Fibroproliferative and cystic obliteration, middle ear, left 3. Fibrocystic and osseous obliteration, mastoid, left 4. Perforation, tympanic membrane, left 5. Aural polyp, left 6. Retraction pocket, left	This left temporal bone is in a good state of histologic preservation and preparation. The petrous apex region was cut off during removal of the temporal bone; however, the bony labyrinth is intact. The tympanic membrane shows severe fibrous thickening posterior to the manubrium and a deep retraction pocket leading to a perforation anteriorly. There is a large anterior-inferior perforation... more	
	AW-TD90	35.6	male organism	16.0	Yes	No	This person experienced a seizure disorder and brain dysplasia noted at 11 months of age and possibly related to a head injury occurring from a fall. He received diphenylhydantoin therapy during much of his life to control the seizure disorder. At age 29, audiometry revealed bilateral hearing losses worse on the left and bilateral bone-air gaps. He was noted to have a perforation of the left tympanic membrane. The patient was also suspected... more	1. Endolymphatic hydrops, severe, cochlea, left, secondary to #2 2. Aplasia, ductus reuniens, left 3. Fibrocystic sclerosis, moderately severe, middle ear, left 4. Perforation, large, central, tympanic membrane, left 5. Osseous and fibrous sclerosis, mastoid, left	The external auditory canal appears normal. The tympanic membrane has a large inferior central perforation that measures 5 mm in diameter in its greatest dimension. The remainder of the tympanic membrane shows thickening and anteriorly it is markedly retracted. The middle ear cleft is reduced in size by the medial displacement of the manubrium and tympanic membrane... more	
	AW-TD9R	15.0	male organism	21.0	No	No	This 15-year-old boy died following craniotomy and drainage of a large cerebral abscess complicating left chronic otitis media. Audiometry one month before death revealed profound hearing loss in the right ear and a moderate conductive hearing loss in the left. Both ears were removed and cut vertically. In the left ear there is a fistula of the lateral semicircular canal and extensive destruction of the mastoid. The membranous... more	1. Chronic suppurative otitis media and mastoiditis, left 2. Fistula, bony labyrinth, lateral canal, left 3. Radical mastoidectomies, bilateral 4. Chronic labyrinthitis via round window invasion, right 5. Meningitis	Left ear: These are vertical sections through the left temporal bone. There is moderately severe degeneration of the sense organs which presumably represents a combination of postmortem autolysis and labyrinthitis. The specimen is in a good state of histological preparation. The most striking change is a diffuse, inflammatory, suppurative and erosive disease of the mastoid... more	

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Section 2.3: The Case Level

Example Search 3: Otologic diagnosis = “tinnitus”; searched “perforation”; filtered age range 25-50 years → 16 cases

Case^①

perforation

Project: Otopathology of The Hu...

Age in Years: 25.0 to 50.0

Otologic Diagnosis: All records with value

Clear all filters

Export

Permalink

Refine search

Hide panel

Right Specimen Tray Number

Donor Registry or Autopsy Number

Case ID

Case Index

Has Images?

Sex

Race

Ethnicity

Age in Years

All records with value

No value

25.0 to 50.0

From: 25

To: 50

Cause Of Death

Postmortem Time

Year Of Death

Otologic Diagnosis

tinnitus

All records with value

No value

Displaying all 16 of 16 matching results

Create

Bulk edit

Actions	RID	Age	Sex	Postmortem Time	Has Images?	Audiogram(s)?	Clinical Summary	Otologic Diagnosis	Histopathology	Treatments and Procedures	Case #	Case
	AW-TD90	35.6	male organism	16.0	Yes	No		1. Endolymphatic hydrops, severe, cochlea, left, secondary to #2 2. Aplasia, ductus reuniens, left 3. Fibrocystic sclerosis, moderately severe, middle ear, left 4. Perforation, large, central, tympanic membrane, left 5. Osseous and fibrous sclerosis, mastoid, left	The external auditory canal appears normal. The tympanic membrane has a large inferior central perforation that measures 5 mm in diameter in its greatest dimension. The remainder of the tympanic membrane shows thickening and anteriorly it is markedly retracted. The middle ear cleft is reduced in size by the medial displacement of the manubrium and tympanic membrane. more		564	20139
	AW-TDD2	50.0	male organism	16.5	Yes	No		1. Neural degeneration, primary, bilateral 2. Tympanic membrane, perforation, with squamous epithelial invasion of the middle ear and mastoid, left 3. Ossicles, resorption, bilateral 4. Semicircular canal, horizontal, fistulization, bilateral	Right ear. These horizontal sections show the cochlear capsule and membranous labyrinth in a good state of preservation and preparation. There is an excellent organ of Corti throughout. There is diffuse moderate loss of cochlear neurons throughout. The vestibular sense organs and nerves appear normal. There is a large vessel in the internal auditory canal which more		618	20167
	AW-TE88	43.8	male organism	20.0	Yes	No		1. Perforation, tympanic membrane, left 2. Tympanosclerosis, tympanic membrane, left 3. Membranous labyrinth, normal, left 4. Bony labyrinth, normal, left	There are large tympanosclerotic plaques in the anterior and posterior segments of the tympanic membrane. There is an anteroinferior perforation of the tympanic membrane. The margins are well healed and the mucocutaneous junction is located at the margins of the perforation. There is no evidence of other middle ear disease. The		131	20214

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Section 2.3: The Case Level

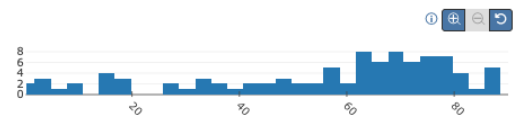
Example Search 3: Otologic diagnosis = “tinnitus”; searched “perforation”; filtered age range 25-50 years – 16 cases

Case^①

perforation x

Project: Otopathology of The Hu... Age in Years: 25.0 to 50.0 Otologic Diagnosis: All records with value Clear all filters

Refine search  Hide panel

Right Specimen/Tray Number 
Donor Registry or Autopsy Number 
Case ID 
Case Index 
Has Images? 
Sex 
Race 
Ethnicity 
Age in Years 
☐ All records with value 
☐ No value 
☒ 25.0 to 50.0
From: 25 To: 50

Cause Of Death 
Postmortem Time 
Year Of Death 
Otologic Diagnosis 
tinnitus
☒ All records with value
☐ No value

Displaying all 16 of 16 matching results

Actions	RID	Age	Sex	Postmortem Time	Has Images?	Audiogram(s)?	Clinical Summary	Otologic Diagnosis	Histopathology	Treatments and Procedures	Case #	Case
	AW-TD90	35.6	male organism	16.0	Yes	No		1. Endolymphatic hydrops, severe, cochlea, left, secondary to #2 2. Aplasia, ductus reuniens, left 3. Fibrocystic sclerosis, moderately severe, middle ear, left 4. Perforation, large, central, tympanic membrane, left 5. Osseous and fibrous sclerosis, mastoid, left	The external auditory canal appears normal. The tympanic membrane has a large inferior central perforation that measures 5 mm in diameter in its greatest dimension. The remainder of the tympanic membrane shows thickening and anteriorly it is markedly retracted. The middle ear cleft is reduced in size by the medial displacement of the malleus and incus.		564	20139
	AW-TDD2	50.0	male organism	16.5				Neural degeneration, primary, bilateral 2. Tympanic membrane, perforation, with squamous epithelial invasion of the middle ear and mastoid, left 3. Ossicles, resorption, bilateral 4. Semicircular canal, horizontal, stulization, bilateral	Right ear. These horizontal sections show the cochlear capsule and membranous labyrinth in a good state of preservation and preparation. There is an excellent organ of Corti throughout. There is diffuse moderate loss of cochlear neurons throughout. The vestibular sense organs and nerves appear normal. There is a large vessel in the internal auditory canal which is dilated.		618	20167
	AW-TE88	43.8	male organism	20.0				Perforation, tympanic membrane, left 2. Tympanosclerosis, tympanic membrane, left 3. Membranous labyrinth, normal, left 4. Bony labyrinth, normal, left	There are large tympanosclerotic plaques in the anterior and posterior segments of the tympanic membrane. There is an anteroinferior perforation of the tympanic membrane. The margins are well healed and the mucocutaneous junction is located at the margins of the perforation. There is no evidence of other middle ear disease. The		131	20214

Export Permalink

Create Bulk edit

Finished searching?
Click on individual cases to view more info.
Export the search data to a spreadsheet.
Copy this URL to the clipboard to return to this search later.

Section 2.4a: The Specimen Level

EarBase User Tips

The **Specimen Level** contains information about tissue specimens recovered for each Case: tissue processing, stains and other assays, and images.

There are 2 ways to access or locate **Specimens** in EarBase:

1. At the **Case level**, from a listing (click on a single Case)
2. From the **Specimen level** of any Case
 1. A “backdoor” approach (see Section 2.4b)



Section 2.4: The Specimen Level

Example Search 3: Otologic diagnosis = “tinnitus”; searched “perforation”; filtered age range 25-50 years – 16 cases

Case^①

perforation x

Project: Otopathology of The Hu... Age in Years: 25.0 to 50.0 Otologic Diagnosis: All records with value Clear all filters

Refine search ▾ Hide panel

Right Specimen Tray Number ▾

Donor Registry or Autopsy Number ①

Case ID ①

Case Index ①

Has Images?

Sex ①

Race

Ethnicity

Age in Years ①

☐ All records with value ①

☐ No value ①

☒ 25.0 to 50.0

From: 25 To: 50

Cause Of Death ①

Postmortem Time ①

Year Of Death ①

Otologic Diagnosis ①

tinnitus

☒ All records with value

☐ No value ①

Displaying all 16 of 16 matching results

Actions ①	RID ①	Age ①	Sex ①	Postmortem Time ①	Has Images?	Audiogram(s)?	Clinical Summary ①	Otologic Diagnosis ①	Histopathology ①	Treatments and Procedures ①	Case # ①	Case
	AW-TD90	35.6	male organism	16.0	Yes	No		1. Endolymphatic hydrops, severe, cochlea, left, secondary to #2 2. Aplasia, ductus reuniens, left 3. Fibrocystic sclerosis, moderately severe, middle ear, left 4. Perforation, large, central, tympanic membrane, left 5. Osseous and fibrous sclerosis, mastoid, left	The external auditory canal appears normal. The tympanic membrane has a large inferior central perforation that measures 5 mm in diameter in its greatest dimension. The remainder of the tympanic membrane shows thickening and anteriorly it is markedly retracted. The middle ear cleft is reduced in size by the medial displacement of the manubrium and tympanic membrane. more		564	20139
	AW-TDD2	50.0	male organism	16.5				Neural degeneration, primary, bilateral 2. Tympanic membrane, perforation, with squamous epithelial invasion of the middle ear and mastoid, left 3. Ossicles, resorption, bilateral 4. Semicircular canal, horizontal, stulization, bilateral	Right ear. These horizontal sections show the cochlear capsule and membranous labyrinth in a good state of preservation and preparation. There is an excellent organ of Corti throughout. There is diffuse moderate loss of cochlear neurons throughout. The vestibular sense organs and nerves appear normal. There is a large vessel in the internal auditory canal which more		618	20167
	AW-TE88	43.8	male organism	20.0				Perforation, tympanic membrane, left 2. Tympanosclerosis, tympanic membrane, left 3. Membranous labyrinth, normal, left 4. Bony labyrinth, normal, left	There are large tympanosclerotic plaques in the anterior and posterior segments of the tympanic membrane. There is an anteroinferior perforation of the tympanic membrane. The margins are well healed and the mucocutaneous junction is located at the margins of the perforation. There is no evidence of other middle ear disease. The		131	20214

Example using previous Case search results (section 2.3)

Click on a Case to view more info.

This action will bring up Specimen and Diagnostic information for that Case.

Section 2.4: The Specimen Level

Specimen Example 1: One Case selected from the previous search example shows available Specimens.

Summary of the Case

Specimens available

Diagnostic details

Case^①: AW-TD90

Hide empty sectionsExportShare and cite

CreateCopyEditDelete

Case Number ^①	564
Case Index ^①	201399
Left Specimen/Tray Number ^①	1480
Sex ^①	male organism
Ethnicity ^①	not Hispanic or Latino
Race ^①	None
Cause Of Death ^①	Status epilepticus with cardiac arrest. Contributing factors were renal failure, cardiopulmonary abnormalities associated with Marfan's syndrome and cerebral dysgenesis.
Year Of Death ^①	1986
Postmortem Time ^①	16.0
Age In Years ^①	35.6
Otologic Diagnosis ^①	1. Endolymphatic hydrops, severe, cochlea, left, secondary to #2 2. Aplasia, ductus reuniens, left 3. Fibrocystic sclerosis, moderately severe, middle ear, left 4. Perforation, large, central, tympanic membrane, left 5. Osseous and fibrous sclerosis, mastoid, left
Clinical Summary ^①	This person experienced a seizure disorder and brain dysplasia noted at 11 months of age and possibly related to a head injury occurring from a fall. He received diphenylhydantoin therapy during much of his life to control the seizure disorder. At age 29, audiometry revealed bilateral hearing losses worse on the left and bilateral bone-air gaps. He was noted to have a perforation of the left tympanic membrane. The patient was also suspected of having Marfan's syndrome. He died at age 35 of a deteriorating mental status and cardiopulmonary problems possibly related to the Marfan's disorder and he suffered a cardiac arrest and died. Histological study of the left ear reveals a blocked ductus reuniens and severe endolymphatic hydrops limited to the cochlear duct. The cochlear duct has herniated into the vestibule and extends into the non ampullated end of the lateral semicircular canal. The utricle, saccule, and semicircular canals are normal. Except for postmortem autolysis, the organ of Corti and other structures of the cochlear duct appear normal. There is a large perforation in the inferior part of the tympanic membrane and the middle ear space is reduced by fibrocystic sclerosis. There are scattered aggregates of pus cells and some giant cells. The antrum is aerated, but the mastoid is obliterated by osseous and fibrocystic sclerosis. HFS/ 1991
Histopathology ^①	The external auditory canal appears normal. The tympanic membrane has a large inferior central perforation that measures 5 mm in diameter in its greatest dimension. The remainder of the tympanic membrane shows thickening and anteriorly it is markedly retracted. The middle ear cleft is reduced in size by the medial displacement of the manubrium and tympanic membrane. Furthermore about 60% of the remaining area is occupied by fibrous tissue. In some of the spaces of the middle ear there are collections of polymorphonuclear leukocytes and scattered giant cells. There is no evidence of debris in the area to account for the giant cells. There are also aggregates of exfoliated epithelial cells in some of the recesses of the middle ear. The epitympanum and mastoid antrum are partially aerated. It cannot be determined whether this aeration is via the perforation or the eustachian tube. It appears that the tube has been narrowed by the thickening of the submucosa! fibrosis. The ossicles are intact; however, there is severe absorption of the inferior end of the long process of the incus. The lenticular process has been converted mainly into fibrous tissue; however, it retained its position between the long process and the head of the stapes. The stapes is intact and the stapediostapedial articulation appears normal. The most significant finding in the inner ear is severe hydrops of the cochlear duct. Reissner's membrane is displaced into the scale vestibuli where it makes contact with the bony walls in some areas. The vestibular cecum herniates into and occupies much of the space of the vestibule. It also herniates into the non ampullated end of the lateral semicircular canal. No lumen of the ductus reuniens is seen in any of the sections. The organ of Corti and other structures of the cochlear duct show moderately severe postmortem autolysis; however, all cytological elements can be identified. It appears that the hair cell population as well as the stria vascularis is normal. The tectorial membrane shows the normal fixation artifacts. The cochlear neuronal population appears normal. The saccule and utricle appear normal. The cristae and semicircular canals appear normal.
Otologic History ^①	The immediate neonatal status of this patient is unknown; however, at the age of 11 months he was diagnosed as having cerebral dysgenesis with a congenital cyst that was removed. There was also a history that he had previously sustained a closed head injury. What relationship this injury might have had to his brain abnormalities is not stated in the record, but it is noted that he fell off a bathinette hitting his head and that he underwent sub temporal drainage. He appeared normal at birth and was able to sit up at eight months, walk at 20 months, and began to talk at two years. The patient had some external features consistent with Marfan's syndrome including frontal bossing pectus excavatum and cataracts. He also had a clinical history of aortic insufficiency and mitral valve prolapse with regurgitation. Apparently the patient first had seizures soon after the brain problem at the age of 11 months and was maintained on diphenylhydantoin (Dilantin). He was institutionalized at InstitutionX for the intellectually disabled. At the age of 28 ENT examination revealed retracted tympanic membranes and examination of the left ear showed a medially displaced handle of malleus with a kidney-shaped deep retraction pocket. Speech reception thresholds were 65 dB on the left and 30 dB on the right. It was reported that both ears showed bone-air gaps, largest on the left. He underwent bilateral myringotomies and the introduction of pressure-equalizing tubes at the age of 29. It was noted that he exhibited alternating exotropia, lateral gaze nystagmus and anterior lens opacities. At the age of 35, the patient suffered a seizure and went into status epilepticus for 45 minutes. He was treated with phenobarbital but did not regain consciousness. He developed disseminated intravascular coagulation which led to cardiac arrest and he died two days later. Autopsy revealed right and left ventricular dilatation and hypertrophy, annuloaortic ectasia, degeneration of all four heart valves, and other cardiac pathologies consistent with Marfan's syndrome. The left temporal bone was removed for histological study.

Specimen^①

Displaying all 1 records

Actions ^①	RID ^①	Specimen Type ^①	Fixation Type ^①	Embedding Media ^①	Decalcification Method ^①	Specimen Source ^①	Storage Location ^①	Archival Temporal Bone Collection ^①
	AW-WFCO	Temporal bone (Left)	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear

PreviousNext

Diagnostic Testing^①

Displaying 0 records

Actions ^①	RID ^①	Thumbnail ^①	Diagnostic Test Type ^①	Date Of Test ^①	Antemortem Interval ^①	Filename ^①
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Section 2.4: The Specimen Level

Specimen Example 1: Click on the listed Specimen for more info (in this case, only left temporal bone).

Hide empty sectionsExportShare and cite

CreateCopyEditDelete

Case^①: AW-TD90

Case Number ^①	564
Case Index ^①	201399
Left Specimen/Tray Number ^①	1480
Sex ^①	male organism
Ethnicity ^①	not Hispanic or Latino
Race ^①	None

Add recordsEdit modeBulk editExplore

Cause Of Death ^①	Status epilepticus with cardiac arrest. Contributing factors were renal failure, cardiopulmonary abnormalities associated with Marfan's syndrome and cerebral dysgenesis.
Year Of Death ^①	1986
Postmortem Time ^①	16.0
Age In Years ^①	35.6
Otologic Diagnosis ^①	1. Endolymphatic hydrops, severe, cochlea, left, secondary to #2 2. Aplasia, ductus reuniens, left 3. Fibrocystic sclerosis, moderately severe, middle ear, left 4. Perforation, large, central, tympanic membrane, left 5. Osseous and fibrous sclerosis, mastoid, left
Clinical Summary ^①	This person experienced a seizure disorder and brain dysplasia noted at 11 months of age and possibly related to a head injury occurring from a fall. He received diphenylhydantoin therapy during much of his life to control the seizure disorder. At age 29, audiometry revealed bilateral hearing losses worse on the left and bilateral bone-air gaps. He was noted to have a perforation of the left tympanic membrane. The patient was also suspected of having Marfan's syndrome. He died at age 35 of a deteriorating mental status and cardiopulmonary problems possibly related to the Marfan's disorder and he suffered a cardiac arrest and died. Histological study of the left ear reveals a blocked ductus reuniens and severe endolymphatic hydrops limited to the cochlear duct. The cochlear duct has herniated into the vestibule and extends into the non ampullated end of the lateral semicircular canal. The utricle, saccule, and semicircular canals are normal. Except for postmortem autolysis, the organ of Corti and other structures of the cochlear duct appear normal. There is a large perforation in the inferior part of the tympanic membrane and the middle ear space is reduced by fibrocystic sclerosis. There are scattered aggregates of pus cells and some giant cells. The antrum is aerated, but the mastoid is obliterated by osseous and fibrocystic sclerosis. HFS/ 1991
Histopathology ^①	The external auditory canal appears normal. The tympanic membrane has a large inferior central perforation that measures 5 mm in diameter in its greatest dimension. The remainder of the tympanic membrane shows thickening and anteriorly it is markedly retracted. The middle ear cleft is reduced in size by the medial displacement of the manubrium and tympanic membrane. Furthermore about 60% of the remaining area is occupied by fibrous tissue. In some of the spaces of the middle ear there are collections of polymorphonuclear leukocytes and scattered giant cells. There is no evidence of debris in the area to account for the giant cells. There are also aggregates of exfoliated epithelial cells in some of the recesses of the middle ear. The epitympanum and mastoid antrum are partially aerated. It cannot be determined whether this aeration is via the perforation or the eustachian tube. It appears that the tube has been narrowed by the thickening of the submucosa! fibrosis. The ossicles are intact; however, there is severe absorption of the inferior end of the long process of the incus. The lenticular process has been converted mainly into fibrous tissue; however, it retained its position between the long process and the head of the stapes. The stapes is intact and the stapediovestibular articulation appears normal. The most significant finding in the inner ear is severe hydrops of the cochlear duct. Reissner's membrane is displaced into the scale vestibuli where it makes contact with the bony walls in some areas. The vestibular cecum herniates into and occupies much of the space of the vestibule. It also herniates into the non ampullated end of the lateral semicircular canal. No lumen of the ductus reuniens is seen in any of the sections. The organ of Corti and other structures of the cochlear duct show moderately severe postmortem autolysis; however, all cytological elements can be identified. It appears that the hair cell population as well as the stria vascularis is normal. The tectorial membrane shows the normal fixation artifacts. The cochlear neuronal population appears normal. The saccule and utricle appear normal. The cristae and semicircular canals appear normal.
Otologic History ^①	The immediate neonatal status of this patient is unknown; however, at the age of 11 months he was diagnosed as having cerebral dysgenesis with a congenital cyst that was removed. There was also a history that he had previously sustained a closed head injury. What relationship this injury might have had to his brain abnormalities is not stated in the record, but it is noted that he fell off a bathinette hitting his head and that he underwent sub temporal drainage. He appeared normal at birth and was able to sit up at eight months, walk at 20 months, and began to talk at two years. The patient had some external features consistent with Marfan's syndrome including frontal bossing pectus excavatum and cataracts. He also had a clinical history of aortic insufficiency and mitral valve prolapse with regurgitation. Apparently the patient first had seizures soon after the brain problem at the age of 11 months and was maintained on diphenylhydantoin (Dilantin). He was institutionalized at InstitutionX for the intellectually disabled. At the age of 28 ENT examination revealed retracted tympanic membranes and examination of the left ear showed a medially displaced handle of malleus with a kidney-shaped deep retraction pocket. Speech reception thresholds were 65 dB on the left and 30 dB on the right. It was reported that both ears showed bone-air gaps, largest on the left. He underwent bilateral myringotomies and the introduction of pressure-equalizing tubes at the age of 29. It was noted that he exhibited alternating exotropia, lateral gaze nystagmus and anterior lens opacities. At the age of 35, the patient suffered a seizure and went into status epilepticus for 45 minutes. He was treated with phenobarbital but did not regain consciousness. He developed disseminated intravascular coagulation which led to cardiac arrest and he died two days later. Autopsy revealed right and left ventricular dilatation and hypertrophy, annuloaortic ectasia, degeneration of all four heart valves, and other cardiac pathologies consistent with Marfan's syndrome. The left temporal bone was removed for histological study.

Specimen^①

Add recordsBulk editExplore

Displaying all 1 records

Actions ^①	RID ^①	Specimen Type ^①	Fixation Type ^①	Embedding Media ^①	Decalcification Method ^①	Specimen Source ^①	Storage Location ^①	Archival Temporal Bone Collection ^①
	AW-WFCO	Temporal bone (Left)	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear

PreviousNext

Diagnostic Testing^①

Add recordsBulk editExplore

Displaying 0 records

Actions ^①	RID ^①	Thumbnail ^①	Diagnostic Test Type ^①	Date Of Test	Antemortem Interval ^①	Filename ^①
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Specimens available

Specimen Example 1: Specimen summary: images, files and other info.

Specimen Info

Images & Analyses

Tissue sharing

- Files
- listing
- Images
- Analyses
- Other

Specimen: AW-WFC0

Create

Copy

Edit

Delete

Dataset	MEE Human Temporal Bone Dataset
Case	AW-TD90
Archival Collection	Massachusetts Eye & Ear
Specimen Type	Temporal bone (Left)
Storage Location	Massachusetts Eye and Ear
Postmortem Time	16.0
Fixation Type	Formalin (10%)
Fixation Time	913.0
Decalcification Method	EDTA
Plane of Section	Horizontal
Cytocochleograms	None

Specimen Assay, Imaging and Analysis

Add records Bulk edit Explore

Displaying all 1 records

Actions	RID	Sample Image(s)	Assay Type	Files	Notes
	AW-WFC2		Hematoxylin and Eosin stain	1064740-H1480L70.svs, 1064750-H1480L161.svs, 1064755-H1480L210.svs, 1064778-H1480L441.svs, 1064754-H1480L1.svs, 1064768-H1480L341.svs, 1064736-H1480L21.svs, 1064760-H1480L361.svs, 1064773-H1480L391.svs, 1064757-H1480L231.svs, 1064737-H1480L31.svs, 1064754-H1480L200.svs, 1064735-H1480L110.svs, 1064739-H1480L51.svs, 1064746-H1480L120.svs, 1064759-H1480L251.svs, 1064742-H1480L80.svs, 1064738-H1480L41.svs, 1064763-H1480L291.svs, 1064753-H1480L391.svs, 1064751-H1480L171.svs, 1064776-H1480L422.svs, 1064766-H1480L322.svs, 1064771-H1480L370.svs, 1064756-H1480L221.svs, 1064781-H1480L271.svs, 1064765-H1480L311.svs, 1064772-H1480L382.svs, 1064764-H1480L301.svs, 1064758-H1480L242.svs, 1064747-H1480L131.svs, 1064777-H1480L431.svs, 1064767-H1480L332.svs, 1064769-H1480L351.svs, 1064744-H1480L100.svs, 1064775-H1480L411.svs, 1064770-H1480L362.svs, 1064743-H1480L90.svs, 1064748-H1480L341.svs, 1064774-H1480L401.svs, 1064745-H1480L70.svs, 1064749-H1480L151.svs, 1064762-H1480L281.svs, 1064752-H1480L181.svs, 1064740-H1480L61.svs	

Previous Next

Shared Specimen Log

Add records Explore

Displaying 0 records

View	RID	Recipient Institution	Recipient Investigator(s)	Description Of Shared Tissue	Quantity	Date Shared
No Results Found						

Previous Next

File

Bulk edit Explore

Displaying first 25 records

Actions	Thumbnail(s)	Details
		Record ID: AR-ZMYE Dataset: MEE Human Temporal Bone Dataset Download: 1064741-H1480L20.svs (704 MB) Last Modified: 2026-06-24 05:37:41
		Record ID: AR-ZMYG Dataset: MEE Human Temporal Bone Dataset Download: 1064750-H1480L161.svs (745 MB) Last Modified: 2026-06-24 05:37:55
		Record ID: AR-ZMYJ Dataset: MEE Human Temporal Bone Dataset Download: 1064755-H1480L210.svs (777 MB) Last Modified: 2026-06-24 05:38:29
		Record ID: AR-ZMYM Dataset: MEE Human Temporal Bone Dataset Download: 1064778-H1480L441.svs (713 MB) Last Modified: 2026-06-24 05:38:46
		Record ID: AR-ZMYP Dataset: MEE Human Temporal Bone Dataset Download: 1064754-H1480L1.svs (605 MB) Last Modified: 2026-06-24 05:39:15

Click on an image to open in the viewer

Download images or other files

Explore all images and other files for this Specimen

Section 2.4: The Specimen Level

Specimen Example 1: File info, image viewer (from selected Specimen).

File
Info

Image
Viewer

Other
files and
dialogue

File: 1064751-H1480L171.svs

Buttons: Show empty sections, Export, Share and cite, Create, Copy, Edit, Delete

RID	AR-ZM2P
Dataset	MEE Human Temporal Bone Dataset
File Name	1064751-H1480L171.svs
File Size	723 MB
Md5	7056413a614b3654883caedc778f084d
Data Type	Imaging data
File Format	SVS

Visualization

Buttons: Show Annotations, Show Channel List, Zoom, Rotate, Screenshot, Full screen



Assay File

Displaying all 1 records

Actions	File Format	Preferred Image	Thumbnail
 	svs		

Previous Next

Visualization Image

Displaying all 1 records

View	RID	Thumbnail	Pixels Per Meter	Annotated	Notes
	BS-9YXR		1,988,071		

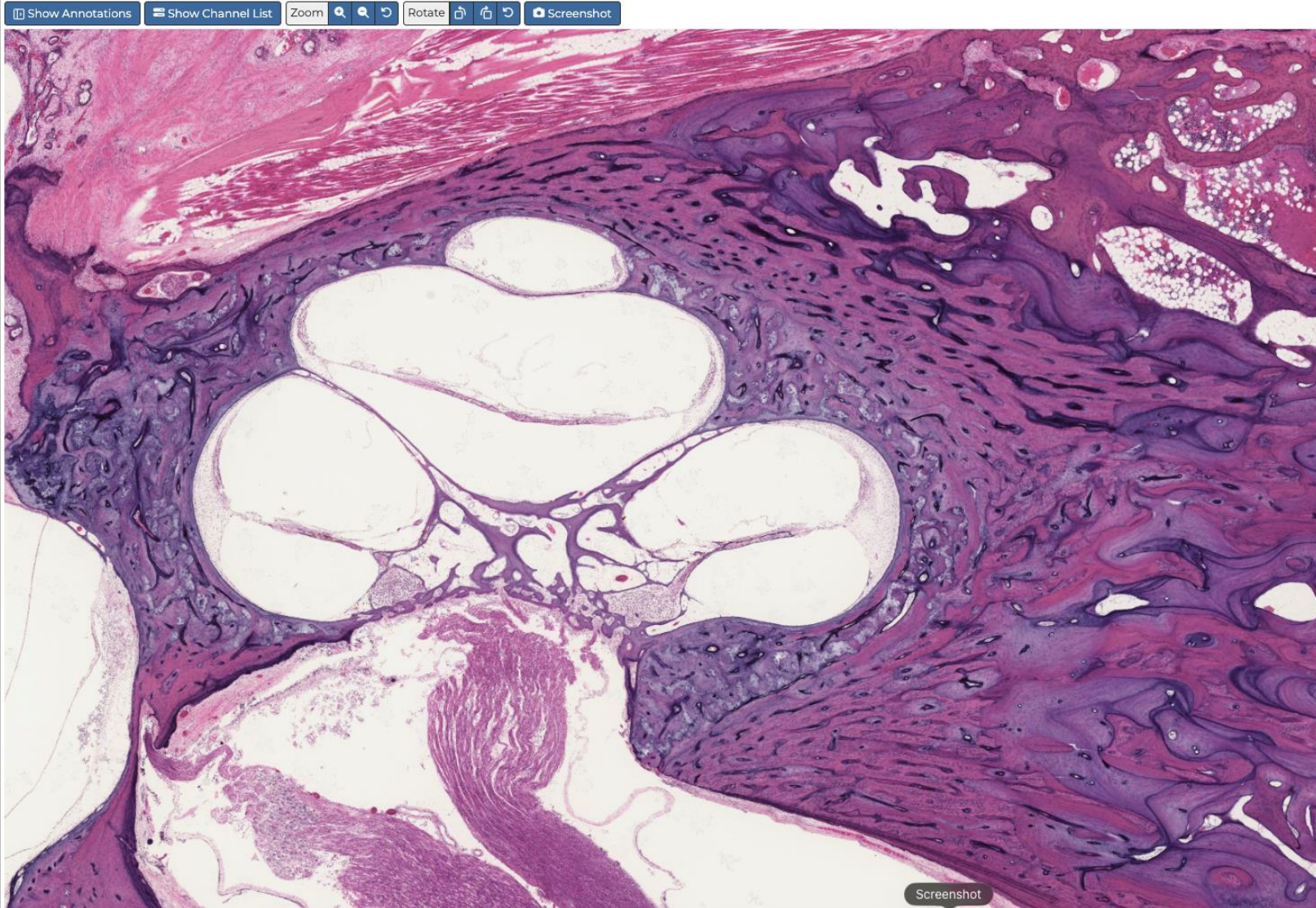
View image here or
click button for full screen
(zoom, pan, rotate, annotate,
snapshot)

Section 2.4: The Specimen Level

Specimen Example 1: Image viewer, full screen mode (zoomed in from the elected Specimen).

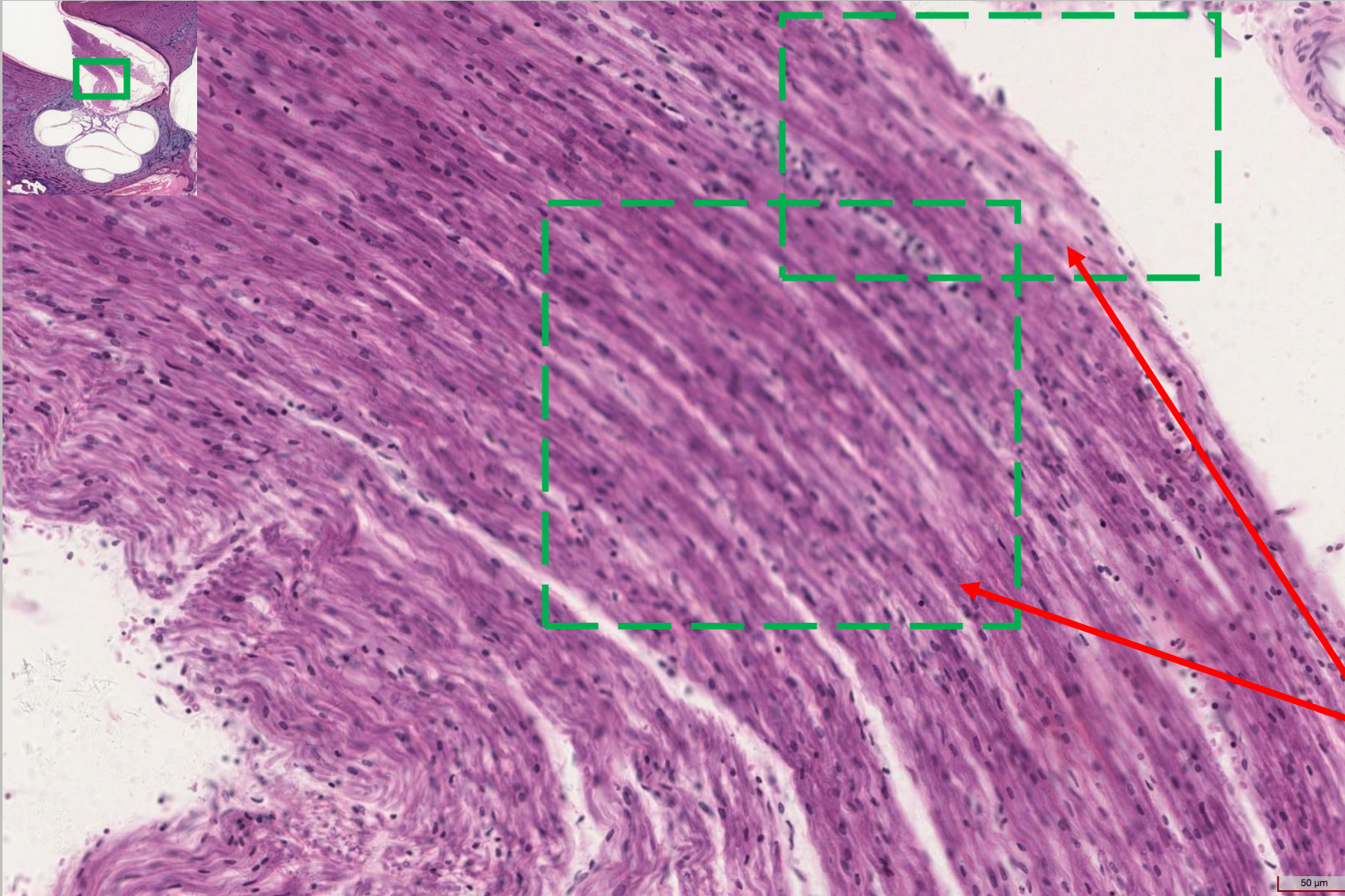
File info
and
interactive
dialogue

AR-ZMZIP (1064751-H1480L171-s0-z0-c0.ome.tif)



Section 2.4: The Specimen Level

Specimen Example 1: Image viewer (snapshot, 100% zoom).



- Image quality generally permits cellular level resolution in the viewer.
- Native resolution is maintained in the downloaded image file(s), but may be compressed in the image viewer.
- Images may blur momentarily while re-loading into the viewer (e.g., between zoom or pan movements).
- Blurred tiles/areas that do not resolve are likely burned into the native image file.

Section 2.4b: The Specimen Level (backdoor search)

EarBase User Tips

There are 2 ways to access or locate **Specimens** in EarBase:

1. At the **Case level**, from a listing (click on a single Case)
 - a) Described in the previous section (2.4a)
2. From the **Specimen level** of any Case
 - a) A “backdoor” approach (a bit tricky).
 - b) Described in the next set of slides



Section 2.4: The Specimen Level

Specimen Example 2: A second way to search for Specimens begins with selecting any **Case**.

Case^①

perforation x 🔍

Project: Otopathology of The Hu...

Age in Years: 25.0 to 50.0

Otologic Diagnosis: All records with value

Clear all filters

Displaying all 16 of 16 matching results

+ Create

Bulk edit

Refine search ^①

Hide panel

Right Specimen Tray Number ^①

Donor Registry or Autopsy Number ^①

Case ID ^①

Case Index ^①

Has Images?

Sex ^①

Race

Ethnicity

Age in Years ^①

☐ All records with value ^①

☐ No value ^①

☒ 25.0 to 50.0

From: 25

To: 50

x

✓

①

⊞

⊟

↺

8

6

4

2

0

20

40

60

80

Cause Of Death ^①

Postmortem Time ^①

Year Of Death ^①

Otologic Diagnosis ^①

tinnitus 🔍

☒ All records with value

☐ No value ^①

Actions ^①	RID ^① 🔗	Age ^① 🔗	Sex ^① 🔗	Postmortem Time ^① 🔗	Has Images?	Audiogram(s)?	Clinical Summary ^① 🔗	Otologic Diagnosis ^① 🔗	Histopathology ^① 🔗	Treatments and Procedures ^①	Case # ^① 🔗	Case
	AW-TD90	35.6	male organism	16.0	Yes	No		1. Endolymphatic hydrops, severe, cochlea, left, secondary to #2 2. Aplasia, ductus reuniens, left 3. Fibrocystic sclerosis, moderately severe, middle ear, left 4. Perforation, large, central, tympanic membrane, left 5. Osseous and fibrous sclerosis, mastoid, left	The external auditory canal appears normal. The tympanic membrane has a large inferior central perforation that measures 5 mm in diameter in its greatest dimension. The remainder of the tympanic membrane shows thickening and anteriorly it is markedly retracted. The middle ear cleft is reduced in size by the medial displacement of the manubrium and tympanic membrane. more		564	20139
	AW-TDD2	50.0	male organism	16.5				Neural degeneration, primary, bilateral 2. Tympanic membrane, perforation, with squamous epithelial invasion of the middle ear and mastoid, left 3. Ossicles, resorption, bilateral 4. Semicircular canal, horizontal, stulization, bilateral	Right ear. These horizontal sections show the cochlear capsule and membranous labyrinth in a good state of preservation and preparation. There is an excellent organ of Corti throughout. There is diffuse moderate loss of cochlear neurons throughout. The vestibular sense organs and nerves appear normal. There is a large vessel in the internal auditory canal which more		618	20167
	AW-TE88	43.8	male organism	20.0	Yes	No		1. Perforation, tympanic membrane, left 2. Tympanosclerosis, tympanic membrane, left 3. Membranous labyrinth, normal, left 4. Bony labyrinth, normal, left	There are large tympanosclerotic plaques in the anterior and posterior segments of the tympanic membrane. There is an anteroinferior perforation of the tympanic membrane. The margins are well healed and the mucocutaneous junction is located at the margins of the perforation. There is no evidence of other middle ear disease. The		131	20214

Click on any Case

This action will bring up Specimen and Diagnostic information for that Case.

Section 2.4: The Specimen Level

Specimen Example 2: Specimens for that Case are selected using the **Explore** button at the Case Level.

Summary of Case

Specimens available

Diagnostic details

Case^①: AW-TD90

Hide empty sectionsExportShare and cite

CreateCopyEditDelete

Case Number ^①	564
Case Index ^①	201399
Left Specimen/Tray Number ^①	1480
Sex ^①	male organism
Ethnicity ^①	not Hispanic or Latino
Race ^①	None
Cause Of Death ^①	Status epilepticus with cardiac arrest. Contributing factors were renal failure, cardiopulmonary abnormalities associated with Marfan's syndrome, and fibrous sclerosis, mastoid, left
Year Of Death ^①	1986
Postmortem Time ^①	16.0
Age In Years ^①	35.6
Otologic Diagnosis ^①	1. Endolymphatic hydrops, severe, cochlea, left, secondary to #2.2. Aplasia, ductus reuniens, left 3. Fibrocystic sclerosis, moderate, cochlea, left, secondary to #2.2. Aplasia, ductus reuniens, left
Clinical Summary ^①	This person experienced a seizure disorder and brain dysplasia noted at 11 months of age and possibly related to a head injury. Audiometry revealed bilateral hearing losses worse on the left and bilateral bone-air gaps. He was noted to have a permanent status and cardiopulmonary problems possibly related to the Marfan's disorder and he suffered a cardiac arrest. The cochlear duct has herniated into the vestibule and extends into the non ampullated end of the lateral semicircular canal. The cochlear duct appear normal. There is a large perforation in the inferior part of the tympanic membrane and the middle ear. The mastoid is obliterated by osseous and fibrocystic sclerosis. HFS/ 1991
Histopathology ^①	The external auditory canal appears normal. The tympanic membrane has a large inferior central perforation that measures 2 mm. The middle ear cleft is reduced in size by the medial displacement of the manubrium and tympanic membrane. There is no evidence of polymorphonuclear leukocytes and scattered giant cells. There is no evidence of debris in the area to account for the antrum are partially aerated. It cannot be determined whether this aeration is via the perforation or the eustachian tube. The absorption of the inferior end of the long process of the incus. The lenticular process has been converted mainly into fibrous tissue. The stapediovestibular articulation appears normal. The most significant finding in the inner ear is severe hydrops of the cochlear duct. The vestibular cecum herniates into and occupies much of the space of the vestibule. It also herniates into the non ampullated end of the cochlear duct show moderately severe postmortem autolysis; however, all cytological elements can be identified. The cochlear neuronal population appears normal. The saccule and utricle appear normal. The cristae and saccular macula appear normal.
Otologic History ^①	The immediate neonatal status of this patient is unknown; however, at the age of 11 months he was diagnosed as having a seizure disorder. What relationship this injury might have had to his brain abnormalities is not stated in the record, but it is noted that he fell off a bathinet hitting his head and that he underwent sub temporal drainage. He appeared normal at birth and was able to sit up at 8 months, walk at 20 months, and began to talk at two years. The patient had some external features consistent with Marfan's syndrome including frontal bossing pectus excavatum and cataracts. He also had a clinical history of aortic insufficiency and mitral valve prolapse with regurgitation. Apparently the patient first had seizures soon after the brain problem at the age of 11 months and was maintained on diphenylhydantoin (Dilantin). He was institutionalized at Institution X for the intellectually disabled. At the age of 28 ENT examination revealed retracted tympanic membranes and examination of the left ear showed a medially displaced handle of malleus with a kidney-shaped deep retraction pocket. Speech reception thresholds were 65 dB on the left and 30 dB on the right. It was reported that both ears showed bone-air gaps, largest on the left. He underwent bilateral myringotomies and the introduction of pressure-equalizing tubes at the age of 29. It was noted that he exhibited alternating exotropia, lateral gaze nystagmus and anterior lens opacities. At the age of 35, the patient suffered a seizure and went into status epilepticus for 45 minutes. He was treated with phenobarbital but did not regain consciousness. He developed disseminated intravascular coagulation which led to cardiac arrest and he died two days later. Autopsy revealed right and left ventricular dilatation and hypertrophy, annuloaortic ectasia, degeneration of all four heart valves, and other cardiac pathologies consistent with Marfan's syndrome. The left temporal bone was removed for histological study.

Specimen^①

+ Add recordsBulk editExplore

Displaying all 1 records

Actions ^①	RID ^①	Specimen Type ^①	Fixation Type ^①	Embedding Media ^①	Decalcification Method ^①	Specimen Source ^①	Storage Location ^①	Archival Temporal Bone Collection ^①
	AW-WFCO	Temporal bone (Left)	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear

PreviousNext

Diagnostic Testing^①

+ Add recordsBulk editExplore

Displaying 0 records

Actions ^①	RID ^①	Thumbnail ^①	Diagnostic Test Type ^①	Date Of Test ^①	Antemortem Interval ^①	Filename ^①
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Click on Explore in the Specimen dialogue

This action will bring up a list of Specimens for that Case.

Section 2.4: The Specimen Level

Specimen Example 2: One or more Specimens are listed. Use Filters and Search to expand Case listings.

Specimen^①

Search all columns

Case RID: AW-TD90 Clear all filters

Displaying all 1 of 1 matching results

Actions	RID	Specimen Type	Postmortem Time	Fixation Type	Embedding Media	Decalcification Method	Specimen Source	Storage Location	Archival Temporal Bone Collection	Case #	Ca
	AW-WFCD	Temporal bone (Left)	16.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	564	201

Previous Next

Refine search

Hide panel

Project

Dataset

Archival Collection

Species

Donor Registry or Autopsy Number

Case RID

Search all columns

AW-TD90

AW-SQ04

AW-SQ1G

AW-SQ2T

AW-SQ63

AW-SQ6T

AW-SQ8C

AW-SQ8R

AW-SQD6

AW-SQDP

Show more

Age in Years

Sex

Ethnicity

Cause of Death

Year of Death

Otologic Diagnosis

Diagnostic Testing Type

Diagnostic Test Filename

Specimen Type

Specimen RID

Specimen Source

Specimen Location

Postmortem Time

Fixation Type

Fixation Time

DNA Specimen ID

DNA Sequencing

Embedding Media

Decalcification Method

Sectioning Method

Plane of Section

Specimen Assay, Imaging and Analysis Type

Specimen Assay, Imaging and Analysis Filename

Shared Specimen Recipient Institution

Shared Specimen Recipient Investigator

User the Filters and Search bars to broaden and redefine the Specimen listing

Begin by “unclicking” the current Case RID and clearing all filters with selections.

Revise/add selections using the Filters

Allows listings of Specimens from any Project, Dataset or Case.

Go to next page

Section 2.4: The Specimen Level

Specimen Example 2: Specimens from all Projects selected by Filtering all Cases on Female and 10% Formalin.

Projects: all

Sex: female

Fixation Type:
10% formalin

Specimen^⓪

Search all columns

Project: All records with value

Sex: female organism

Fixation Type: Formalin (10%)

Clear all filters

Displaying first 100 of 389 matching results

Actions ^⓪	RID ^⓪ ↑	Specimen Type ^⓪ ⌵	Postmortem Time ^⓪ ⌵	Fixation Type ^⓪ ⌵	Embedding Media ^⓪ ⌵	Decalcification Method ^⓪ ⌵	Specimen Source ^⓪ ⌵	Storage Location ^⓪ ⌵	Archival Temporal Bone Collection ^⓪ ⌵	Case # ^⓪ ⌵	Ca
 	AW-WD6W	Temporal bone (Left)	14.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1002	20
 	AW-WD9J	Temporal bone (Right)	14.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1002	20
 	AW-WDC4	Temporal bone (Left)	27.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1003	20
 	AW-WDET	Temporal bone (Right)	27.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1003	20
 	AW-WDW4	Temporal bone (Left)		Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1005	20
 	AW-WD9R	Temporal bone (Right)		Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1005	20
 	AW-WE1C	Temporal bone (Left)		Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1007	20
 	AW-WE44	Temporal bone (Right)		Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1007	20
 	AW-WEDM	Temporal bone (Left)	18.2	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	558	20
 	AW-WEG0	Temporal bone (Right)	18.2	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	558	20
 	AW-WF28	Temporal bone (Left)	7.5	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	561	20
 	AW-WF4J	Temporal bone (Right)	7.5	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	561	20
 	AW-WFPP	Temporal bone (Left)	16.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	567	20
 	AW-WG50	Temporal bone (Left)	25.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	577	20
 	AW-WGVM	Temporal bone (Right)	25.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	577	20
 	AW-WH10	Temporal bone (Left)	13.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	579	20
 	AW-WH3P	Temporal bone (Right)	13.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	579	20
 	AW-WHPT	Temporal bone (Left)	2.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	580	20
 	AW-WHSG	Temporal bone (Right)	2.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	580	20
 	AW-WJSC	Temporal bone (Left)	11.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	586	20
 	AW-WJW2	Temporal bone (Right)	11.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	586	20
 	AW-WKV2	Temporal bone (Left)	23.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	594	20
 	AW-WK0M	Temporal bone (Right)	23.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	594	20
 	AW-WN40	Temporal bone (Left)	9.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	601	20
 	AW-WQ5A	Temporal bone (Left)	3.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	615	20
 	AW-WRAW	Temporal bone (Left)	4.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	622	20
 	AW-WRDA	Temporal bone (Right)	4.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	622	20
 	AW-WS2E	Temporal bone (Left)	64.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1012	20
 	AW-WS54	Temporal bone (Right)	64.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1012	20
 	AW-WSDA	Temporal bone (Left)	9.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1015	20
 	AW-WSG0	Temporal bone (Right)	9.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1015	20
 	AW-WSQT	Temporal bone (Left)	31.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1023	20
 	AW-WSTG	Temporal bone (Right)	31.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1023	20
 	AW-WT82	Temporal bone (Left)	6.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1039	20
 	AW-WTCA	Temporal bone (Right)	6.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1039	20
 	AW-WTJA	Temporal bone (Left)	21.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	104	20
 	AW-WTMY	Temporal bone (Right)	21.0	Formalin (10%)		TCA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	104	20
 	AW-WVFT	Temporal bone (Left)	6.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1050	20
 	AW-WVJP	Temporal bone (Right)	6.0	Formalin (10%)		EDTA	NIDCD National Temporal Bone Registry	Massachusetts Eye and Ear	Massachusetts Eye & Ear	1050	20
 	AW-WX4M	Temporal bone (Left)	1.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1053	20
 	AW-WX76	Temporal bone (Right)	1.0	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear	1053	20

Refine search^⓪

Project^⓪

Search

All records with value

No value^⓪

Otopathology of The Human Temporal Bone (Temporal Bone Database MEE)

Show details

Dataset

Archival Collection

Species^⓪

Donor Registry or Autopsy Number^⓪

Case RID^⓪

Age in Years^⓪

Sex^⓪

Search all columns

All records with value^⓪

No value^⓪

female organism

male organism

Show details

Ethnicity

Cause of Death^⓪

Year of Death^⓪

Otologic Diagnosis^⓪

Diagnostic Testing Type

Diagnostic Test Filename

Specimen Type

Specimen RID^⓪

Specimen Source

Specimen Location

Postmortem Time^⓪

Fixation Type^⓪

Search

All records with value^⓪

No value^⓪

Formalin (10%)

Glutaraldehyde

95% EtOH

Embalming fluid

Flash frozen (dry ice/isopentane or alcohol bath, liquid nitrogen)

Show details

Fixation Time^⓪

DNA Specimen ID^⓪

Section 2.5: Diagnostic Testing

EarBase User Tips

The **Diagnostic Testing dialogue** contains information about relevant diagnostic testing associated with each Case.

At this time, very little of these data have been curated into EarBase. However, by searching the Clinical Summary and Otologic History narratives at the **Case Level**, diagnostic testing such as audiometry or vestibular tests are often mentioned, along with results.

A single example follows.



Section 2.5: Diagnostic Testing

Case Level: Selecting a single case opens a window with several fields (covered in section 2.4)

Summary of
Case

Diagnostic Testing and the Treatments & Procedures
sections are not yet populated, but will be as curation of
the medical records proceeds.

Specimens
available

Diagnostic details

Treatments &
Procedures

Hide empty sectionsExportShare and cite

+ CreateCopyEditDelete

Case[Ⓢ]: AW-TD50

Case Index[Ⓢ]201339

Left Specimen/Tray Number[Ⓢ]1755

Right Specimen/Tray Number[Ⓢ]1754

Sex[Ⓢ]female organism

Race[Ⓢ]None

Cause Of Death[Ⓢ]Alzheimer's disease

Year Of Death[Ⓢ]2000

Postmortem Time[Ⓢ]14.0

Age In Years[Ⓢ]88.0

Otologic Diagnosis[Ⓢ]Clinical: 1. Sensorineural hearing loss, moderate, flat, bilateral, probably presbycusis Histologic: 1. Cochlear pathology, consistent with age-related change: a) scattered loss of outer hair cells, all turns b) moderate loss of spiral ganglion cells, all turns 2. Cochlear changes insufficient to account for sensorineural hearing loss, bilateral (indeterminate presbycusis) 3. Healed, inactive, chronic otitis media with mild fibrocytic sclerosis, bilateral 4. Osteoporosis, mild, affecting mastoid trabeculae, bilateral 5. Occult arachnoid granulation, petrous apex, bilateral

Clinical Summary[Ⓢ]This patient had an audiologic evaluation at age 86 which revealed a bilateral 60 dB flat hearing loss (presumed sensorineural) with speech discrimination of 84% on the right and 80% on the left. Hearing aids were recommended. No additional otologic or medical history is available. She died at the age of 88 due to Alzheimer's disease. Both temporal bones were removed 14 hours postmortem. Both temporal bones are similar in appearance. There is mild fibrocytic sclerosis with healed chronic otitis media on both sides. Both cochleae show scattered losses of outer hair cells, moderate loss of spiral ganglion cells and an intact stria vascularis. There is also mild osteoporosis affecting the mastoid bone and an occult arachnoid granulation at the level of the petrous apex on both sides. SNM/een 2005 Audiogram- yes

Histopathology[Ⓢ]Right ear. The specimen is complete, containing the external, middle and inner ears. Postmortem preservation of cytologic structures within the labyrinth is fair. The histologic preparation is excellent. There are a few artifactual tears of the inferior aspect of the tympanic membrane. The external auditory canal and tympanic membrane are normal. All three ossicles appear intact. There is a small, extra piece of bone situated in the epitympanum in between the scutum and body of the incus (#61-91). This piece of bone is not ankylized to either the incus or the scutum, and consists mainly of lamellar bone when examined by polarized light. It may be a manifestation of the host response to middle ear infection at some point during life. There is calcification/disorganization of the incudomalleal joint (#81). There is fibrocytic sclerosis within the round window niche and adjoining sinus tympani (#341-391). The mastoid is well pneumatized. There is arachnoid granulation along the anterior and superior aspect of the petrous apex (#41-281). Reissner's membrane is a normal position throughout without any organ of Corti in the region of the outer hair cells, especially in the basal turn. The stria is normal. The tectorial membrane, spiral limbus, blood vessels supplying the cochlea, round window niche, and cochlear duct are normal. The endolymphatic sac as well as the saccus have been avulsed. The facial hiatus is wide at the level of the middle fossa (#21-61). The external auditory canal and tympanic membrane appear normal. There is no ossification within the round window niche and some of the mastoid air cells (e.g., 331-391). A small amount of ossification is seen within the round window niche. The otic capsule shows 2-1/2 turns, no endolymphatic hydrops, scattered loss of outer hair cells, and a normal population of hair cells, supporting cells and innervating dendrites. The crista is normal. The endolymphatic duct and sac, as well as the saccus, are normal. The facial nerve and canal appear unremarkable. There is atrophy of the wall of the external auditory canal. The stained slides only contain the intraosseous part of the endolymphatic sac, similar to the opposite ear. The cochlear and vestibular nerves have been avulsed out of the internal auditory canal. The facial nerve and canal appear unremarkable. There is atrophy of the wall of the external auditory canal.

Otologic History[Ⓢ]This patient underwent an audiologic evaluation at the age of 86 (1998). Pure tone audiometry showed a flat hearing loss for both ears in the 60 to 70 dB range. Although bone conduction thresholds were not recorded, the audiologist indicated that this was a sensorineural hearing loss. Speech discrimination was 84% on the right and 80% on the left. Hearing aids were recommended. No additional otologic or medical history is available. She died at the age of 88 from Alzheimer's disease and both temporal bones were removed 14 hours postmortem.

Specimen[Ⓢ]

+ Add recordsBulk editExplore

Displaying all 2 records

Actions [Ⓢ]	RID [Ⓢ]	Specimen Type [Ⓢ]	Fixation Type [Ⓢ]	Embedding Media [Ⓢ]	Decalcification Method [Ⓢ]	Specimen Source [Ⓢ]	Storage Location [Ⓢ]	Archival Temporal Bone Collection [Ⓢ]
 	AW-WD6W	Temporal bone (Left)	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear
 	AW-WD9J	Temporal bone (Right)	Formalin (10%)		EDTA		Massachusetts Eye and Ear	Massachusetts Eye & Ear

PreviousNext

Diagnostic Testing[Ⓢ]

+ Add recordsBulk editExplore

Displaying 0 records

Actions [Ⓢ]	RID [Ⓢ]	Thumbnail [Ⓢ]	Diagnostic Test Type [Ⓢ]	Date Of Test [Ⓢ]	Antemortem Interval [Ⓢ]	Filename [Ⓢ]
----------------------	------------------	------------------------	-----------------------------------	---------------------------	----------------------------------	-----------------------

No Results Found

PreviousNext

Treatments And Procedures Detail[Ⓢ]

+ Add recordsExplore

Displaying 0 records

View [Ⓢ]	RID [Ⓢ]	Treatments And Procedures [Ⓢ]	Comments [Ⓢ]	Procedure Date [Ⓢ]
-------------------	------------------	--	-----------------------	-----------------------------

No Results Found

PreviousNext

Section 2.6: Tissue Sharing

EarBase User Tips

The **Tissue Sharing dialogue** contains information about the sharing of tissues between labs. The intent is to log tissue usage for all Specimens and promote collaborative research*.

A future addition to this section on EarBase will be a Tissue Inventory and Sharing **Request** dialogue to enable inquiries from within EarBase. For now, contact the Project PI(s) with inquiries and requests and copy the NIDCD program staff on the communications.

Currently, EarBase contains no active Tissue Sharing examples, but these will be populated as they are indexed.

A single example follows in the next set of slides.

**Note: A working group is being established to develop guidelines that facilitate research and conform with NIH policy.*



Section 2.6: Tissue Sharing

Shared Specimen Log: Data fields

Sections

Hide panel

Specimen[®]: AW-WCTC

Summary

Specimen Assay, Imaging and Analysis (1)

Shared Specimen Log (0)

File (25+)

Hide empty sections

Export

Share and cite

+ Create

Copy

Edit

Delete

Previous

Next

Shared Specimen Log ⓘ

+ Add records

Explore

Displaying 0 records

View ⓘ

RID ⓘ

Recipient Institution

Recipient Investigator(s)

Description Of Shared Tissue ⓘ

Quantity ⓘ

Date Shared

No Results Found

Previous

Next

The data fields in this section are populated when information has been added by the host laboratory.

- Recipient Institution
- Recipient Investigator(s)
- Description of Shared Tissue
- Quantity (e.g., 10 unstained sections)
- Date Shared

Click the **+Add Records** or **Explore** button to add/edit sharing data and view other details for this specimen.

Section 2.6: Tissue Sharing

Shared Specimen Log: Data fields

Shared Specimen Log

Search all columns

Specimen: 8V-SZ86

Clear all filters

Displaying all 1 of 1 matching results

View	RID	Recipient Institution	Recipient Investigator(s)	Description Of Shared Tissue	Quantity	Date Shared
	8V-T6TY	U. Michigan	Dr. Meredith Adams	Shared 1:10 series of celloidin embedded sections	4 sections	2025-07-05

Previous

Next

Refine search

Hide panel

> Dataset

> Case (Case Number)

Recipient Institution

Search

☐ U. Michigan

Show details

Recipient Investigator(s)

Search

☐ Dr. Meredith Adams

Show details

Date Shared

From: 2025-07-05

To: 2025-07-05

1

0.5

0

2025-07-03

2025-07-03

2025-07-04

2025-07-04

2025-07-05

2025-07-05

2025-07-06

2025-07-06

Description Of Shared Tissue

Search

☐ Shared 1:10 series of celloidin embedded sections

Show details

Quantity

Search

☐ 4 sections

Show details

Specimen

Search all columns

☒ 8V-SZ86

☐ 8V-SG5A

☐ 8V-SZ88

Show details

Example of the tissue sharing data fields (fictitious)

- Recipient Institution: U. Michigan
- Recipient Investigator(s): Dr. Meredith Adams
- Description of Shared Tissue: 1:10 series of celloidin embedded sections for spiral ganglion cell counts.
- Quantity: 4 sections
- Date Shared: 2025-07-05

Section 2.7: Data Sharing

EarBase User Tips

Data Sharing requests may result from the need for additional information about any Project, Dataset, Case, Specimen or File.

Currently, there is not a dedicated dialogue to mediate and log requests, but this is forthcoming*. For now, users may contact the Project PI(s) with inquiries.

Examples might include detailed diagnostics or treatments for a Case of interest, details about Specimen processing, or a request to rescan part of an image(s) at higher magnification.

The intent is to promote collaborative research and maximize use and re-use of tissues for research and discovery.

**Note: A working group is being established to develop guidelines that facilitate research and conform with NIH policy.*



Section 3: Additional functionality, tips, shortcuts

EarBase User Tips

The FaceBase platform contains numerous tools that function within EarBase, by default, but were not discussed above or mentioned briefly.

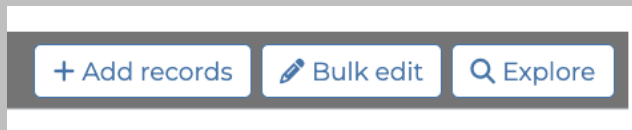
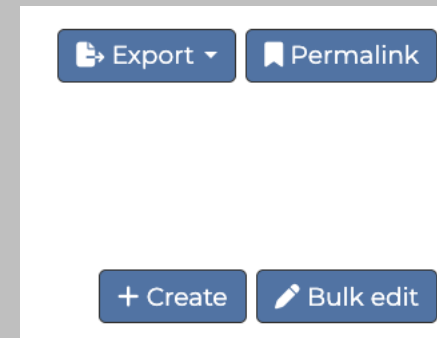
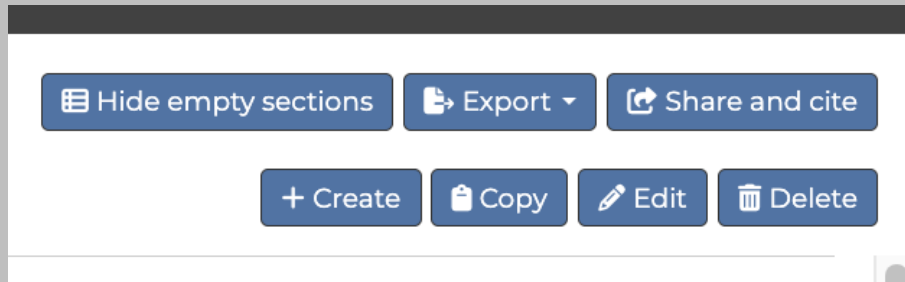
Examples include exporting and downloading data, and several navigational tips and shortcuts.

Some of these are described in the following pages.



Section 3.0: Additional functionality, tips, shortcuts

Tool buttons: Near the top right corner of most pages are buttons that execute commonly used functions of a general nature across the FaceBase/EarBase platform. Their appearance may vary with the Level and content, but function the same, according to the nature of the data contained at that Level or Section.



Section 3.0: Additional functionality, tips, shortcuts

Hyperlinks: Most of the text in **light blue font** are hyperlinks, directing you to specific content or location in EarBase.

The screenshot displays the EarBase interface for a specimen record. The top section, titled "Specimen[Ⓢ]: AW-WCTC", contains a table of specimen metadata. Below this is a section for "Specimen Assay, Imaging and Analysis[Ⓢ]".

Specimen Metadata Table:

Field	Value
RID [Ⓢ]	AW-WCTC
Dataset [Ⓢ]	MEE Human Temporal Bone Dataset
Case [Ⓢ]	AW-TD4A
Archival Collection [Ⓢ]	Massachusetts Eye & Ear
Specimen Type [Ⓢ]	Temporal bone (Left)
Storage Location [Ⓢ]	Massachusetts Eye and Ear
Postmortem Time [Ⓢ]	19.2
Fixation Time [Ⓢ]	2.0
Decalcification Method [Ⓢ]	TCA
Plane of Section [Ⓢ]	Horizontal
Cytocochleograms [Ⓢ]	None

Specimen Assay, Imaging and Analysis[Ⓢ] Table:

Actions [Ⓢ]	RID [Ⓢ]	Sample Image(s)	Assay Type [Ⓢ]	Files [Ⓢ]	Notes [Ⓢ]
	AW-WCTC		Hematoxylin and Eosin stain	1093871-H252L201.svs, 1093867-H252L161.svs, 1093888-H252L371.svs, 1093890-H252L391.svs, 1093854-H252L31.svs, 1093864-H252L130.svs, 1093889-H252L381.svs, 1093880-H252L291.svs, 1093884-H252L331.svs, 1093865-H252L141.svs, 1093878-H252L271.svs, 1093862-H252L111.svs, 1093853-H252L21.svs, 1093852-H252L11.svs, 1093883-H252L321.svs, 1093856-H252L51.svs, 1093868-H252L171.svs, 1093861-H252L101.svs, 1093859-H252L81.svs, 1093874-H252L232.svs, 1093887-H252L361.svs, 1093886-H252L351.svs, 1093875-H252L242.svs, 1093866-H252L151.svs, 1093855-H252L40.svs, 1093885-H252L341.svs, 1093872-H252L211.svs, 1093860-H252L91.svs, 1093870-H252L191.svs, 1093876-H252L251.svs, 1093882-H252L311.svs, 1093863-H252L121.svs, 1093879-H252L281.svs, 1093891-H252L401.svs, 1093857-H252L61.svs, 1093873-H252L221.svs, 1093881-H252L301.svs, 1093869-H252L181.svs, 1093858-H252L70.svs, 1093877-H252L261.svs	

Hyperlinked text may be Levels of EarBase, Datasets, Projects, Cases, Specimens, Files, search fields, data categories, etc.

In fact, a large fraction of the text in EarBase are hyperlinks.

These are designed to improve navigation by reducing use of the back button or searching.

EarBase User Tip

A useful tip is to right-click on a **hyperlink** to open a new Tab containing the chosen content in your browser while maintain your place on the page of origin. This reduces use of the back and forward buttons by improving quick access to pages of interest.

In general, opening new Tabs in any part of EarBase to view content on multiple different pages will save time navigating.

Section 3.0: Additional functionality, tips, shortcuts

Hide/Show empty sections: Many pages contain sections with no data or sections that are not relevant in EarBase. The latter is mainly encountered at the Project and Dataset levels which have a similar format across the FaceBase platform. The Hide/Show button toggles display of the content to improve viewing.

Sections

☐ Hide panel

Dataset: MEE Human Temporal Bone Dataset

Summary

- Contributor(s) (2)
- Publication(s) (0)
- Protocol(s) (0)
- Related Dataset(s) (0)
- Data Use Limitations (0)
- Experiment Type (0)
- Species (1)
- Phenotype (0)
- Syndrome (0)
- Gene (0)
- Stage (0)
- Anatomy (0)
- Mutation (0)
- Enhancer (0)
- Mouse Genetic Background (0)
- Strain (0)
- Sex (0)
- Genotype (0)
- Instrument (0)
- QC Issues (0)
- Genome Browser (0)
- Thumbnail (0)
- 3D Surface Models (0)
- Downsampled Image Previews (0)
- Experiment (0)
- Biosample (0)
- Case (25+)

Identifiers ⓘ	Record ID: 8A-JNZY Accession: FB00001417 DOI: 10.25550/8A-JNZY Status: rolling-release (Released: 2026-06-01)
Description	A collection of >4,500 human temporal bones collected from 1960 to the present, with associated audiometric data and medical histories, that were fixed, celloidin embedded, sectioned at 20 microns in the horizontal plane, stained with Hematoxylin & Eosin (every 10th section) and mounted. Many intervening unstained sections are available for study to qualified researchers.
Study Design	speed of upload
Project	Otopathology of The Human Temporal Bone (Temporal Bone Database MEE)
Contributor(s) ⓘ	Alicia Quesnel, MengYu Zhu
Publication(s) ⓘ	None
Protocol(s) ⓘ	None
Related Dataset(s) ⓘ	None
Protected Human Subjects ⓘ	Yes
Data Use Limitations ⓘ	None
Experiment Type	None
Species	Homo sapiens
Phenotype	None
Syndrome ⓘ	None
Gene	None
Stage	None
Anatomy	None
Mutation	None
Enhancer	None
Mouse Genetic Background	None
Strain	None
Sex	None

Toggle Hide panel or Hide empty sections buttons to hide/show display of empty fields/sections (see result on next page)

Section 3.0: Additional functionality, tips, shortcuts

Hide/Show empty sections: This page shows results of hiding the Filters and Empty sections (from previous page).

Show empty sectionsExportShare and cite

CreateCopyEditDelete

Dataset: MEE Human Temporal Bone Dataset

+ Add recordsEdit modeBulk editExplore

Identifiers ⓘRecord ID: 8A-JNZY Accession: FB00001417 DOI: 10.25550/8A-JNZY Status: rolling-release (Released: 2026-06-01)

DescriptionA collection of >4,500 human temporal bones collected from 1960 to the present, with associated audiometric data and medical histories, that were fixed, celloidin embedded, sectioned at 20 microns in the horizontal plane, stained with Hematoxylin & Eosin (every 10th section) and mounted. Many intervening unstained sections are available for study to qualified researchers.

Study Designspeed of upload

ProjectOtopathology of The Human Temporal Bone (Temporal Bone Database MEE)

Contributor(s) ⓘAlicia Quesnel, MengYu Zhu

Protected Human Subjects ⓘYes

SpeciesHomo sapiens

QC Summary ⓘ0 quality control issues flagged for this dataset.

Case ⓘ

+ Add recordsBulk editExplore

Displaying first 25 records

Actions ⓘ	RID ⓘ ⓘ	Age ⓘ ⓘ	Sex ⓘ ⓘ	Postmortem Time ⓘ ⓘ	Has Images?	Audiogram(s)?	Clinical Summary ⓘ ⓘ	Otologic Diagnosis ⓘ ⓘ	Histopathology ⓘ ⓘ	Treatments and Proce
 	AW-TD4A	83.0	female organism	19.2	Yes	No	This woman was in good health until the age of 83 when she developed a reticulum cell sarcoma of the left cerebral hemisphere and died. She had a long history of ear problems dating back more than 20 years. ENT examination approximately three weeks before death revealed bilateral chronic suppurative otitis media with cholesteatoma on the right and a large aural polyp and perforation on the left. No audiometric tests were ... more	1. Otitis media, chronic, suppurative, active, left 2. Fibroproliferative and cystic obliteration, middle ear, left 3. Fibrocystic and osseous obliteration, mastoid, left 4. Perforation, tympanic membrane, left 5. Aural polyp, left 6. Retraction pocket, left	This left temporal bone is in a good state of histologic preservation and preparation. The petrous apex region was cut off during removal of the temporal bone; however, the bony labyrinth is intact. The tympanic membrane shows severe fibrous thickening posterior to the manubrium and a deep retraction pocket leading to a perforation anteriorly. There is a large anteroinferior perforation ... more	
 	AW-TD4C	52.8	male organism	4.0	Yes	No	At the age of 53 the patient stated that he had a hearing loss for about 30 years, slightly worse on the right side. Audiometry revealed a bilateral combined sensorineural and conductive hearing loss and	1. Otosclerosis, severe, bilateral 2. Rupture of the cochlear duct secondary to atrophy of the spiral ligament caused by otosclerosis, right 3. Osseous and fibrous obliteration of the round window niche, bilateral 4. Stapes fixation, severe,	Right ear. The tympanic membrane and ossicles are intact; however, the oval window is partially filled with a thick focus of otosclerosis which has replaced the footplate and part of the crura as	

Hiding the **Filters** and/or **Empty** content simplifies display and navigation.

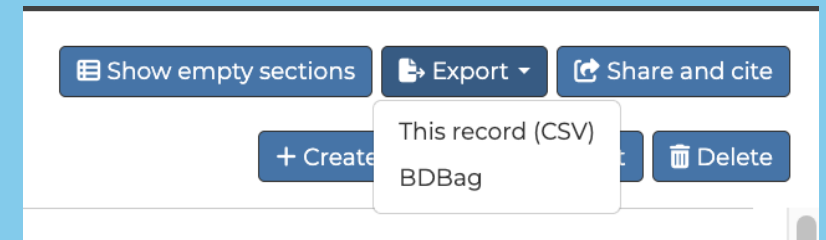
Note that some fields of interest may be hidden by these actions because they currently do not contain any information, and not because they are irrelevant in EarBase.

Section 3.0: Additional functionality, tips, shortcuts

Export button: The content on most pages can be exported to a .csv file for use in spreadsheets offline. The format and contents of the .csv file will vary with the data available in that Level or Section.

Dataset								
Search all columns Consortium: EarBase Clear all filters Displaying all 22 of 22 matching results								
Actions	Record ID	Title	Experiment Type(s)	Species	Stage(s)	PI(s)	Release Date	Status
 	85-RYYR	UCLA temporal bone laboratory collection	Audiogram, hematoxylin and eosin stain	Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01	rolling-release
 	8A-JNZY	MEE Human Temporal Bone Dataset		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	rolling-release
 	8B-Q7AM	University of Minnesota - H&E stained temporal bone sections.	hematoxylin and eosin stain	Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01	rolling-release
 	A8-ASMW	JHU postmortem human temporal bone collection		Homo sapiens		Amanda Lauer, John Carey	2026-06-01	rolling-release
	AX-SW74	New York University Medical Center Human Temporal Bone Collection		Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01	released
	AX-SW78	University of Chicago temporal bone laboratory collection		Homo sapiens		N/A	2026-06-01	released
	AX-SW7A	UCLA Goodhill Center temporal bone laboratory collection		Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01	released
	AX-SW7C	Armed Forces Institute of Pathology		Homo sapiens		N/A	2026-06-01	released
	AX-SW7E	Baylor School of Medicine		Homo sapiens		N/A	2026-06-01	released
	AX-SW7G	Case Western University		Homo sapiens		N/A	2026-06-01	released
	AX-SW7J	Northwestern University		Homo sapiens		N/A	2026-06-01	released
	AX-SW7M	Shea Clinic		Homo sapiens		N/A	2026-06-01	released
	AX-SW7P	Tufts New England Medical Center		Homo sapiens		N/A	2026-06-01	released
	AX-SW7R	University of Iowa		Homo sapiens		N/A	2026-06-01	released
	AX-SW7T	University of Texas, Southwestern Medical Center		Homo sapiens		N/A	2026-06-01	released
	AX-SW7W	University of Wisconsin, Madison		Homo sapiens		N/A	2026-06-01	released
	AX-SW7Y	Wake Forest School of Medicine, Winston-Salem		Homo sapiens		N/A	2026-06-01	released
	AX-SW80	Eye & Ear Institute of Pittsburgh		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	released
	AX-SW82	Henry Ford Hospital		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	released
	AX-SW84	Otological Research Labs Ohio State University		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	released

Click on **Export** a dropdown with 2 options appears:



This record (CSV)

Downloads a .csv file with information about all of the Datasets listed.

BDBag (Big Data Bag)

Downloads a ZIP folder containing multiple .json and .txt files for importing into other applications. Mainly for interacting with very large and complex datasets.

Section 3.0: Additional functionality, tips, shortcuts

Permalink button: Clicking here copies a URL of this page and its content for bookmarking.

Dataset								
Search all columns ✕ Consortium: EarBase Clear all filters Displaying all 22 of 22 matching results								
Export Permalink + Create Bulk edit								
Actions ^①	Record ID ^① [⌵]	Title [⌵]	Experiment Type(s) ^①	Species ^①	Stage(s) ^①	PI(s) ^①	Release Date [⌵]	Status ^① [⌵]
  	85-RYYR	UCLA temporal bone laboratory collection	Audiogram, hematoxylin and eosin stain	Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01	rolling-release
  	8A-JNZY	MEE Human Temporal Bone Dataset		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	rolling-release
  	8B-Q7AM	University of Minnesota - H&E stained temporal bone sections.	hematoxylin and eosin stain	Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01	rolling-release
  	A8-ASMW	JHU postmortem human temporal bone collection		Homo sapiens		Amanda Lauer, John Carey	2026-06-01	rolling-release
	AX-5W74	New York University Medical Center Human Temporal Bone Collection		Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01	released
	AX-5W78	University of Chicago temporal bone laboratory collection		Homo sapiens		N/A	2026-06-01	released
	AX-5W7A	UCLA Goodhill Center temporal bone laboratory collection		Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01	released
	AX-5W7C	Armed Forces Institute of Pathology		Homo sapiens		N/A	2026-06-01	released
	AX-5W7E	Baylor School of Medicine		Homo sapiens		N/A	2026-06-01	released
	AX-5W7G	Case Western University		Homo sapiens		N/A	2026-06-01	released
	AX-5W7J	Northwestern University		Homo sapiens		N/A	2026-06-01	released
	AX-5W7M	Shea Clinic		Homo sapiens		N/A	2026-06-01	released
	AX-5W7P	Tufts New England Medical Center		Homo sapiens		N/A	2026-06-01	released
	AX-5W7R	University of Iowa				N/A	2026-06-01	released
	AX-5W7T	University of Texas, Southwestern Medical Center		Homo sapiens		N/A	2026-06-01	released
	AX-5W7W	University of Wisconsin, Madison		Homo sapiens		N/A	2026-06-01	released
	AX-5W7Y	Wake Forest School of Medicine, Winston-Salem		Homo sapiens		N/A	2026-06-01	released
	AX-5W80	Eye & Ear Institute of Pittsburgh		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	released
	AX-5W82	Henry Ford Hospital		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	released
	AX-5W84	Otological Research Labs Ohio State University		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	released

Click on **Permalink** A message appears confirming that the URL was copied.

The URL can be bookmarked or saved to return to this later.

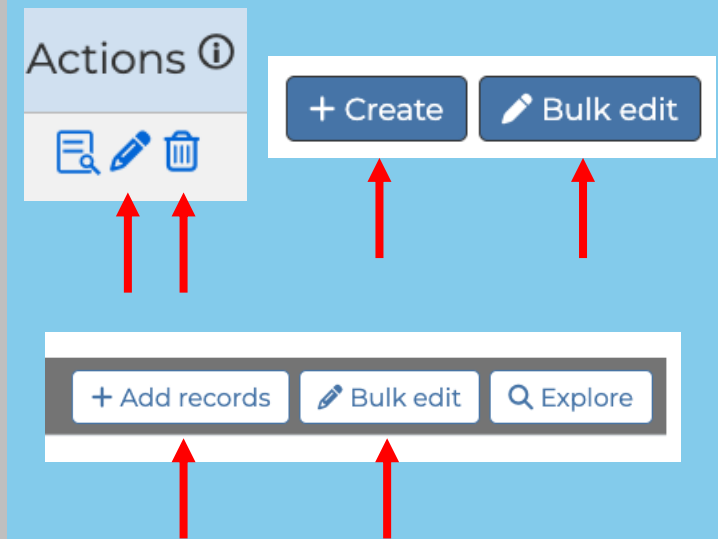
Handy for marking your place from a detailed nested search using many variables that would be time consuming to reproduce.

Section 3.0: Additional functionality, tips, shortcuts

Create, Bulk edit, delete and edit buttons: These buttons permit the editing of content by users with approved access. On some pages a **Copy** button may also appear for duplicating a record.

Dataset								
Search all columns ✕ Consortium: EarBase Clear all filters Displaying all 22 of 22 matching results								
Actions [ⓘ]	Record ID [ⓘ]	Title [ⓘ]	Experiment Type(s) [ⓘ]	Species [ⓘ]	Stage(s) [ⓘ]	PI(s) [ⓘ]	Release Date [ⓘ]	Status [ⓘ]
	85-RYYR	UCLA temporal bone laboratory collection	Audiogram, hematoxylin and eosin stain	Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01	rolling-release
	8A-JNZY	MEE Human Temporal Bone Dataset		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	rolling-release
	8B-Q7AM	University of Minnesota - H&E stained temporal bone sections.	hematoxylin and eosin stain	Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01	rolling-release
	A8-ASMW	JHU postmortem human temporal bone collection		Homo sapiens		Amanda Lauer, John Carey	2026-06-01	rolling-release
	AX-5W74	New York University Medical Center Human Temporal Bone Collection		Homo sapiens		Meredith Evelyn Adams, Sebahattin Cureoglu	2026-06-01	released
	AX-5W78	University of Chicago temporal bone laboratory collection		Homo sapiens		N/A	2026-06-01	released
	AX-5W7A	UCLA Goodhill Center temporal bone laboratory collection		Homo sapiens		Akira Ishiyama, Ivan Lopez	2026-06-01	released
	AX-5W7C	Armed Forces Institute of Pathology		Homo sapiens		N/A	2026-06-01	released
	AX-5W7E	Baylor School of Medicine		Homo sapiens		N/A	2026-06-01	released
	AX-5W7G	Case Western University		Homo sapiens		N/A	2026-06-01	released
	AX-5W7J	Northwestern University		Homo sapiens		N/A	2026-06-01	released
	AX-5W7M	Shea Clinic		Homo sapiens		N/A	2026-06-01	released
	AX-5W7P	Tufts New England Medical Center		Homo sapiens		N/A	2026-06-01	released
	AX-5W7R	University of Iowa		Homo sapiens		N/A	2026-06-01	released
	AX-5W7T	University of Texas, Southwestern Medical Center		Homo sapiens		N/A	2026-06-01	released
	AX-5W7W	University of Wisconsin, Madison		Homo sapiens		N/A	2026-06-01	released
	AX-5W7Y	Wake Forest School of Medicine, Winston-Salem		Homo sapiens		N/A	2026-06-01	released
	AX-5W80	Eye & Ear Institute of Pittsburgh		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	released
	AX-5W82	Henry Ford Hospital		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	released
	AX-5W84	Otological Research Labs Ohio State University		Homo sapiens		Alicia Quesnel, Charles Liberman, Felipe Santos	2026-06-01	released

These buttons will be greyed out or inaccessible to visitors without editing approval.



If you discover errors in content, notify an EarBase coordinator

troy.hackett@nih.gov

amy.poremba@nih.gov

Section 4: Citation, attribution and publications

EarBase User Tips

The proper citation of the EarBase resource, attribution of specific content used, and listing publications that used EarBase are essential for the success of this community resource.

Funding, research visibility, collaborations and professional courtesy are among the most important reasons why the acknowledgement of resources and colleagues is necessary.

The following pages detail how to do this properly and uniformly.

Section 4.0: Citation, attribution and publications

Publications: Updating Projects with associated publications.

Project[ⓘ]: Otopathology of The Human Temporal Bone (Temporal Bone Database MEE)

+ Create Copy Edit Delete

Hide empty sections Export + Share and cite

Identifiers ⓘ	Record ID: 85-SW9C DOI: 10.25550/85-SW9C (Released: 2026-06-01)
Abstract ⓘ	Our group of basic researchers and clinician scientists at the Mass Eye and Ear, Department of Otolaryngology – Head and Neck Surgery studies the histopathology of acquired and hereditary disorders of hearing and balance and curates one of the largest collections of human temporal-bone (TB) specimens in the world. We also study animal models of a variety of sensorineural hearing and balance loss. Because the ear cannot be biopsied, and non-invasive imaging cannot yet provide cellular level resolution, insight into the pathologies underlying deafness and balance disorders derives from the study of TBs removed at autopsy, which classically have been decalcified, plastic-embedded and serially sectioned, with a subset then stained with hematoxylin and eosin (H&E) for pathological study. Our group continues to accrue and process human TBs and document the histopathology for correlation with the medical/otologic histories. We also distribute unstained sections from our TB archives to researchers for additional morphological, molecular biological or genetic studies. In addition, we continue to develop new approaches to TB preparation and morphometric analysis, including new embedding media and sectioning techniques that are more amenable to immunostaining and/or gene expression analysis and machine-learning driven analysis pipelines for quantification of histopathology.
PI(s) ⓘ	M. Charles Liberman, Alicia Quesnel, Felipe Santos <a>+ Link records <a>Unlink records <a>Edit mode <a>Bulk edit <a>Explore
Project Member(s) ⓘ	Andreas Eckhard, Jennifer O'Malley, MengYu Zhu <a>+ Link records <a>Unlink records <a>Edit mode <a>Bulk edit <a>Explore
Funding ⓘ	NIDCD 1U24DC020849-01
Consortium ⓘ	EarBase
Publication(s) ⓘ	None <a>+ Add records <a>Edit mode <a>Bulk edit <a>Explore
Protocol(s) ⓘ	None <a>+ Add records <a>Edit mode <a>Bulk edit <a>Explore
Group Membership ⓘ	Click here to REQUEST MEMBERSHIP if you are a member of this research project and intend to submit data or edit existing data on behalf of this project. You do NOT need to be a member of this project in order to access and download data.
QC Summary ⓘ	0 quality control issue(s) found for this project's datasets. Please see the "QC Issue(s)" section below for details and see the "QC Issue(s)" column of the "Dataset" section below.

Publication(s) ⓘ

None

+ Add records

Edit mode

Bulk edit

Explore

Listing publications associated with EarBase **Projects** and **Datasets** is necessary to demonstrate utility and progress, as well as increase visibility.

Adding a Publication is straightforward using the [+ Add Records] button.

**Note: only users with editing permission can perform this function.*

Section 4.0: Citation, attribution and publications

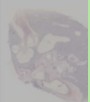
Share and cite button: Some content may be indexed with a URL for sharing or citing or as a placeholder.

Specimen^①: AW-WCTC

RID ^①	AW-WCTC
Dataset ^①	MEE Human Temporal Bone Dataset
Case ^①	AW-TD4A
Archival Collection ^①	Mas
Specimen Type ^①	Tem
Storage Location ^①	Mas
Postmortem Time ^①	19.2
Fixation Time ^①	2.0
Decalcification Method ^①	TCA
Plane of Section ^①	Hor
Cytocochleograms ^①	Non

▼ Specimen Assay, Image

Displaying all 1 records

Actions ^①	RID ^①	Sample In
 	AW-WCTC	

EarBase User Info

The **Share and Cite** button is used to create citations of EarBase or FaceBase resources in publications and grants and presentations. Proper citation and attribution are covered in this section.

Share and Cite produces links/citations specific to the content you are viewing:

- Project
- Dataset
- Case
- Specimen

The form of the URL and/or citation varies somewhat between levels (e.g., Project vs Dataset vs Case vs Specimen). This permits precise attribution of the content used.

The **Share and Cite** button creates a URL linked to specific content, such as a Case or

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Versioned Link (22 minutes ago) 

<https://www.facebase.org/id/AW-SPYT@35D-042E-0DM8>

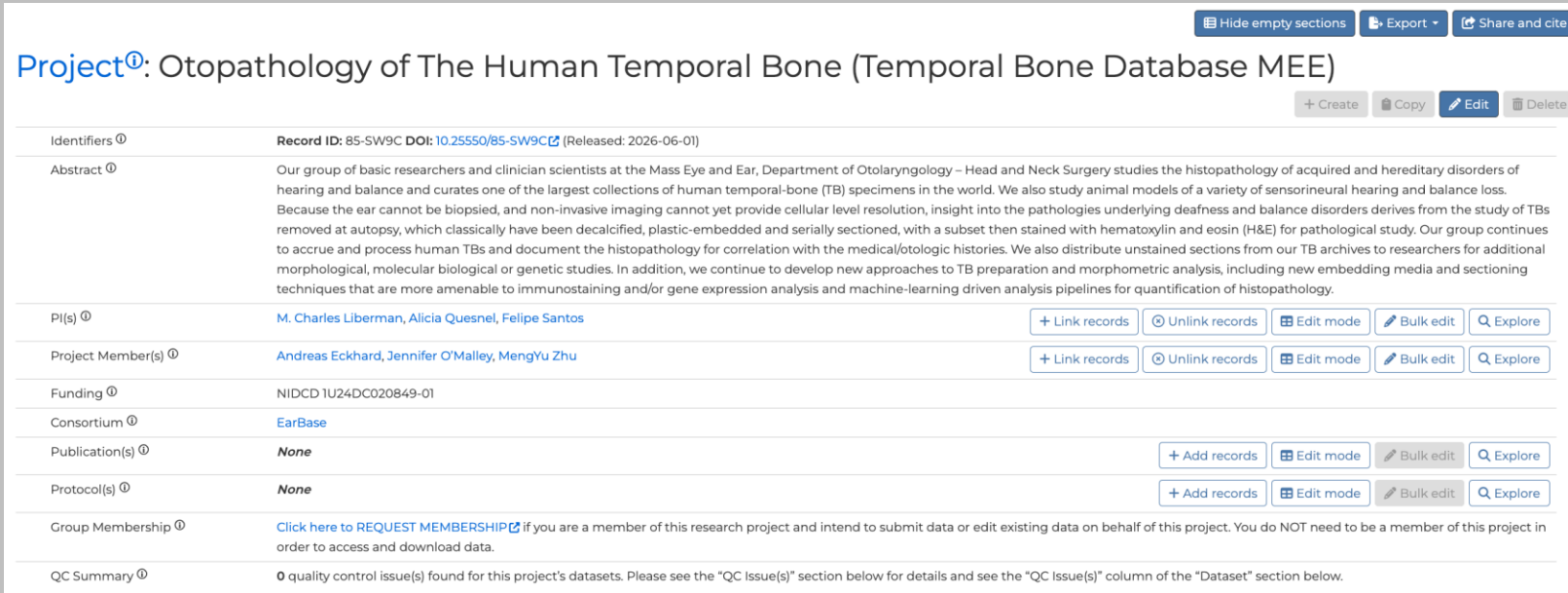
Live Link 

<https://www.facebase.org/id/AW-SPYT>

- A **Live Link** is tied to data at the moment of access, and may change anytime.

Section 4.0: Citation, attribution and publications

Share and cite button: Citation of a PROJECT



Project[®]: Otopathology of The Human Temporal Bone (Temporal Bone Database MEE)

Identifiers [Ⓞ] Record ID: 85-SW9C DOI: 10.25550/85-SW9C (Released: 2026-06-01)

Abstract [Ⓞ] Our group of basic researchers and clinician scientists at the Mass Eye and Ear, Department of Otolaryngology – Head and Neck Surgery studies the histopathology of acquired and hereditary disorders of hearing and balance and curates one of the largest collections of human temporal-bone (TB) specimens in the world. We also study animal models of a variety of sensorineural hearing and balance loss. Because the ear cannot be biopsied, and non-invasive imaging cannot yet provide cellular level resolution, insight into the pathologies underlying deafness and balance disorders derives from the study of TBs removed at autopsy, which classically have been decalcified, plastic-embedded and serially sectioned, with a subset then stained with hematoxylin and eosin (H&E) for pathological study. Our group continues to accrue and process human TBs and document the histopathology for correlation with the medical/otologic histories. We also distribute unstained sections from our TB archives to researchers for additional morphological, molecular biological or genetic studies. In addition, we continue to develop new approaches to TB preparation and morphometric analysis, including new embedding media and sectioning techniques that are more amenable to immunostaining and/or gene expression analysis and machine-learning driven analysis pipelines for quantification of histopathology.

PI(s) [Ⓞ] M. Charles Liberman, Alicia Quesnel, Felipe Santos

Project Member(s) [Ⓞ] Andreas Eckhard, Jennifer O'Malley, MengYu Zhu

Funding [Ⓞ] NIDCD 1U24DC020849-01

Consortium [Ⓞ] EarBase

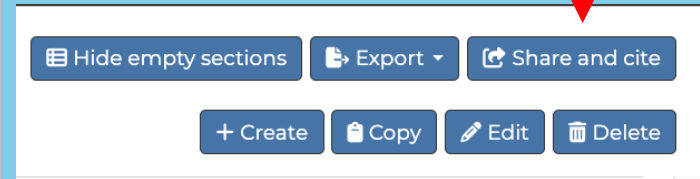
Publication(s) [Ⓞ] None

Protocol(s) [Ⓞ] None

Group Membership [Ⓞ] Click here to REQUEST MEMBERSHIP if you are a member of this research project and intend to submit data or edit existing data on behalf of this project. You do NOT need to be a member of this project in order to access and download data.

QC Summary [Ⓞ] 0 quality control issue(s) found for this project's datasets. Please see the "QC issue(s)" section below for details and see the "QC Issue(s)" column of the "Dataset" section below.

At the **Project** level, the **Share and Cite** button creates a URL and citation linked to a specific Project.



Hide empty sections Export Share and cite

Create Copy Edit Delete

Share and Cite

Share Link

Versioned Link (5 minutes ago)

<https://www.facebase.org/id/85-SW9C@35K-RTN9-Q7JJ>

Live Link

<https://www.facebase.org/id/85-SW9C>

Data Citation

Alicia Quesnel, Charles Liberman, Felipe Santos, MengYu Zhu, Andreas Eckhard, Jennifer O'Malley. Otopathology of The Human Temporal Bone (Temporal Bone Database MEE). FaceBase Consortium <https://doi.org/10.25550/85-SW9C> (2026).

Download Data Citation:

BibTex

A pop-up appears when the button is clicked, providing several options:

- A **Versioned Link** is specifically tied to this Project on EarBase at the time it is generated. The link and content is indelible.
- A **Live Link** is tied to this Project at the moment of access, and may change anytime.
- A formatted **Data Citation** (see next slide).

Section 4.0: Citation, attribution and publications

Share and cite button: How to cite a Project on EarBase.



The **Share and Cite** button creates a formatted and downloadable citation, but does not adequately identify EarBase at this time.

Please add the text indicated below to citations until a correction can be made in the automated citation generator.

Alicia Quesnel, Charles Liberman, Felipe Santos, MengYu Zhu, Andreas Eckhard, Jennifer O'Malley. Otopathology of The Human Temporal Bone (Temporal Bone Database MEE). *FaceBase Consortium* <https://doi.org/10.25550/85-SW9C> (2026).

Alicia Quesnel, Charles Liberman, Felipe Santos, MengYu Zhu, Andreas Eckhard, Jennifer O'Malley. Otopathology of The Human Temporal Bone (Temporal Bone Database MEE). *EarBase Consortium on FaceBase* <https://doi.org/10.25550/85-SW9C> (2026).

Section 4.0: Citation, attribution and publications

Share and cite button: Citation of a DATASET within a PROJECT

Dataset: MEE Human Temporal Bone Dataset

Identifiers ⓘ **Record ID:** 8A-JNZY **Accession:** FB00001417 **DOI:** [10.25550/8A-JNZY](https://doi.org/10.25550/8A-JNZY) **Status:** rolling-release (Released: 2026-06-01)

Description A collection of >4,500 human temporal bones collected from 1960 to the present, with associated audiometric data and medical histories, that were fixed, celloidin embedded, sectioned at 20 microns in the horizontal plane, stained with Hematoxylin & Eosin (every 10th section) and mounted. Many intervening unstained sections are available for study to qualified researchers.

Study Design speed of upload

Project [Otopathology of The Human Temporal Bone \(Temporal Bone Database MEE\)](#)

Contributor(s) ⓘ [Alicia Quesnel, MengYu Zhu](#)

Protected Human Subjects ⓘ Yes

Species [Homo sapiens](#)

QC Summary ⓘ 0 quality control issues flagged for this dataset.

Buttons: Show empty sections, Export, Share and cite, Create, Copy, Edit, Delete, Add records, Edit mode, Bulk edit, Explore, Link records, Unlink records, Table mode, Explore.

At the **Dataset** level, the **Share and Cite** button creates a URL and citation representing content within that Dataset.

Buttons: Hide empty sections, Export, Share and cite, Create, Copy, Edit, Delete.

Share and Cite

Share Link

Versioned Link (a few seconds ago) ⓘ

<https://www.facebase.org/id/8A-JNZY@35K-RXC5-JZHC>

Live Link ⓘ

<https://www.facebase.org/id/8A-JNZY>

Data Citation

Alicia Quesnel, MengYu Zhu. MEE Human Temporal Bone Dataset. *FaceBase Consortium* <https://doi.org/10.25550/8A-JNZY> (2026).

Download Data Citation:

[BibTex](#)

A pop-up appears when the button is clicked, providing several options:

- A **Versioned Link** is specifically tied to this Dataset on EarBase at the time it is generated. The link and content is indelible.
- A **Live Link** is tied to this Dataset at the moment of access, and may change anytime.
- A formatted **Data Citation** (see next slide).

Section 4.0: Citation, attribution and publications

Share and cite button: How to cite a Dataset on EarBase.

Share and Cite

X Close

Warning

The displayed content may be stale due to recent changes made by other users. You may wish to review the changes prior to sharing the [live link](#) below. Or, you may share the older content using the [versioned link](#).

X

Share Link

Versioned Link (13 minutes ago)

<https://www.facebase.org/id/8A-JNZY@35K-RXC5-JZHC>

Live Link

<https://www.facebase.org/id/8A-JNZY>

Data Citation

Alicia Quesnel, MengYu Zhu. MEE Human Temporal Bone Dataset. *FaceBase Consortium* <https://doi.org/10.25550/8A-JNZY> (2026).

Download Data Citation:

BibTex

The **Share and Cite** button creates a formatted and downloadable citation, but does not adequately identify EarBase at this time.

Please add the text indicated below to citations until a correction can be made in the automated citation generator.

Alicia Quesnel, MengYu Zhu. MEE Human Temporal Bone Dataset. *FaceBase Consortium* <https://doi.org/10.25550/8A-JNZY> (2026).

Alicia Quesnel, MengYu Zhu. MEE Human Temporal Bone Dataset. *EarBase Consortium on FaceBase* <https://doi.org/10.25550/8A-JNZY> (2026).

Section 4.0: Citation, attribution and publications

DOI number: The Digital Object Identifier is part of the Project or Dataset citation.

Project^⓪: Otopathology of The Human Temporal Bone (Temporal Bone Database MEE)

Record ID: 85-SW9C DOI: 10.25550/85-SW9C (Released: 2026-06-01)

Abstract^⓪ Our group of basic researchers and clinician scientists at the Mass Eye and Ear, Department of Otolaryngology – Head and Neck Surgery studies the histopathology of acquired and hereditary disorders of hearing and balance and curates one of the largest collections of human temporal-bone (TB) specimens in the world. We also study animal models of a variety of sensorineural hearing and balance loss. Because the ear cannot be biopsied, and non-invasive imaging cannot yet provide cellular level resolution, insight into the pathologies underlying deafness and balance disorders derives from the study of TBs removed to account for morphological changes. This group continues to add additional sections.

PI(s)^⓪ M. Cha

Project Member(s)^⓪ Andreas Eckhard, Jennifer O'Malley, MengYu Zhu

Funding^⓪ NIDCD 1U24DC020849-01

Consortium^⓪ EarBase

Publication(s)^⓪ None

Protocol(s)^⓪ None

Group Membership^⓪ Click here to REQUEST MEMBERSHIP if you are a member of this research project and intend to submit data or edit existing data on behalf of this project. You do NOT need to be a member of this project in order to access and download data.

QC Summary^⓪ 0 quality control issue(s) found for this project's datasets. Please see the "QC issue(s)" section below for details and see the "QC Issue(s)" column of the "Dataset" section below.

Dataset: MEE Human Temporal Bone Dataset

Record ID: 8A-JNZY Accession: FB00001417 DOI: 10.25550/8A-JNZY Status: rolling-release (Released: 2026-06-01)

Description A collection of >4,500 human temporal bones collected from 1960 to the present, with associated audiometric data and medical histories, that were fixed, celloidin embedded, sectioned at 20 microns in the horizontal plane, stained with Hematoxylin & Eosin (every 10th section) and mounted. Many intervening unstained sections are available for study to qualified researchers.

Study Design

Project

Contributor(s)^⓪ Accession: FB00001417 DOI: 10.25550/8A-JNZY

Protected Human Subjects^⓪

Species Homo sapiens

QC Summary^⓪ 0 quality control issues flagged for this dataset.

Case^⓪

Displaying first 25 records

Actions ^⓪	RID ^⓪	Age ^⓪	Sex ^⓪	Postmortem Time ^⓪	Has Images?	Audiogram(s)?	Clinical Summary ^⓪	Otologic Diagnosis ^⓪	Histopathology ^⓪	Treatments and Pro
	AW-TD4A	83.0	female organism	19.2	Yes	No	This woman was in good health until the age of 83	1. Otitis media, chronic, suppurative, active, left 2.	This left temporal bone is in a good state of	

The **DOI number** is a unique and persistent identifier used to link to or cite an EarBase **Project** or **Dataset**.

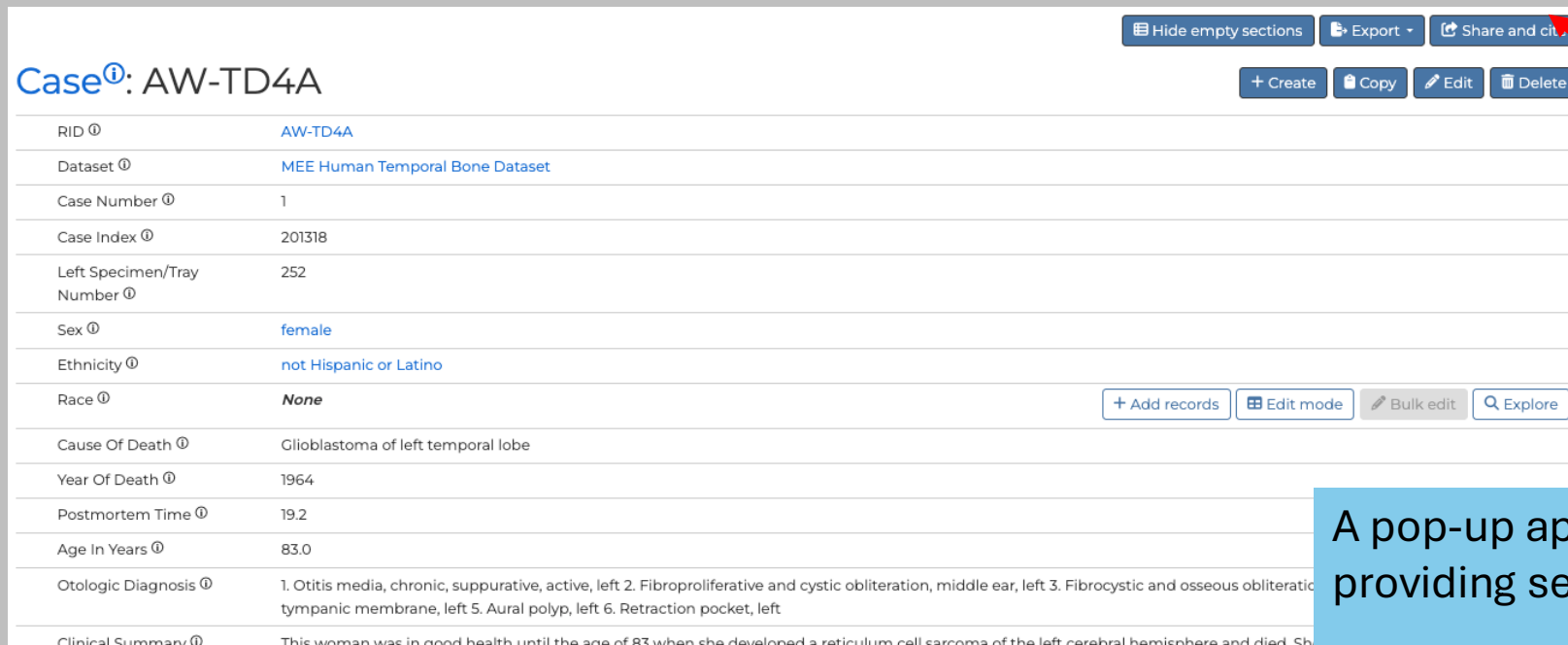
DOIs for Versioned Links and Live Links are not the same.

- **Versioned Link:** tied to the data on EarBase at a particular moment in time (indelible).
- **Live Link:** tied to data at the moment of access, and may change anytime.

The **Accession number** is also a unique and persistent identifier but is being phased out in FaceBase. Avoid using.

Section 4.0: Citation, attribution and publications

Share and cite button: Citation of a Case.



Caseⁱ: AW-TD4A

Buttons: Hide empty sections, Export, Share and cite, + Create, Copy, Edit, Delete

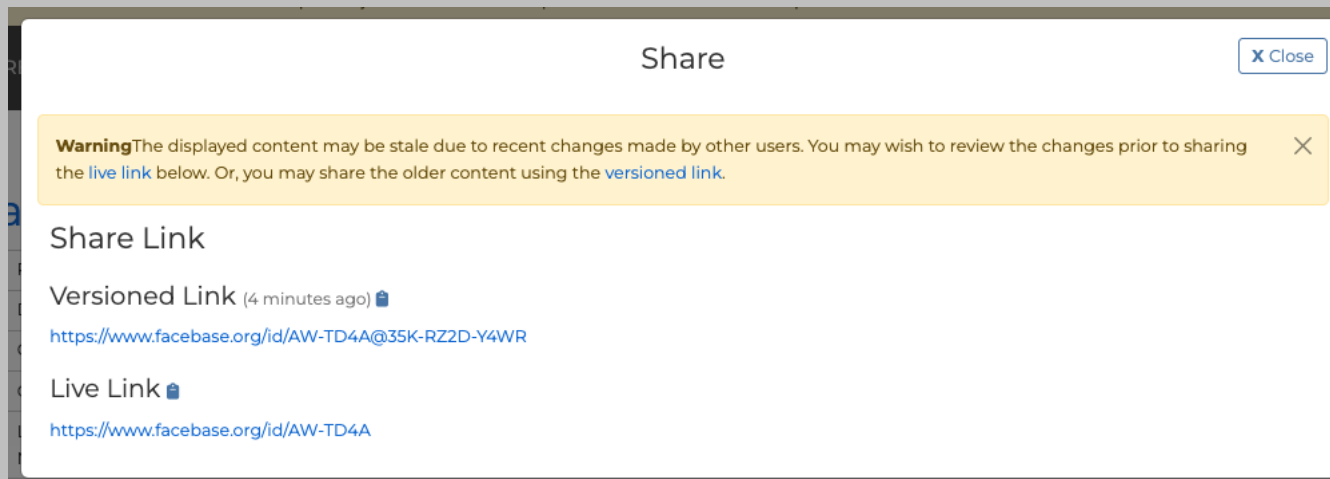
RID [ⓘ]	AW-TD4A
Dataset [ⓘ]	MEE Human Temporal Bone Dataset
Case Number [ⓘ]	1
Case Index [ⓘ]	201318
Left Specimen/Tray Number [ⓘ]	252
Sex [ⓘ]	female
Ethnicity [ⓘ]	not Hispanic or Latino
Race [ⓘ]	None
Cause Of Death [ⓘ]	Glioblastoma of left temporal lobe
Year Of Death [ⓘ]	1964
Postmortem Time [ⓘ]	19.2
Age In Years [ⓘ]	83.0
Otologic Diagnosis [ⓘ]	1. Otitis media, chronic, suppurative, active, left 2. Fibroproliferative and cystic obliteration, middle ear, left 3. Fibrocystic and osseous obliteration, middle ear, left 4. Tympanic membrane, left 5. Aural polyp, left 6. Retraction pocket, left
Clinical Summary [ⓘ]	This woman was in good health until the age of 83 when she developed a reticulum cell sarcoma of the left cerebral hemisphere and died. She

Buttons: + Add records, Edit mode, Bulk edit, Explore

At the **Case** level, the **Share and Cite** button creates URLs linked to one Case.

A pop-up appears when the button is clicked, providing several options:

- A **Versioned Link** is specifically tied to this Case on EarBase at the time it is generated. The link and content is indelible.
- A **Live Link** is tied to this Case at the moment of access, and may change anytime.
- A Data Citation is not generated for single Cases. Cite the Dataset and Project, and use the URL or Case ID to denote specific cases.



Share Close

Warning The displayed content may be stale due to recent changes made by other users. You may wish to review the changes prior to sharing the [live link](#) below. Or, you may share the older content using the [versioned link](#).

Share Link

Versioned Link (4 minutes ago)

<https://www.facebase.org/id/AW-TD4A@35K-RZ2D-Y4WR>

Live Link

<https://www.facebase.org/id/AW-TD4A>

Section 4.0: Citation, attribution and publications

Share and cite button: Citation of a Specimen.

Hide empty sectionsExportShare and cite

+ CreateCopyEditDelete

Specimen[Ⓢ]: AW-WCTC

RID [Ⓢ]	AW-WCTC
Dataset [Ⓢ]	MEE Human Temporal Bone Dataset
Case [Ⓢ]	AW-TD4A
Archival Collection [Ⓢ]	Massachusetts Eye & Ear
Specimen Type [Ⓢ]	Temporal bone (Left)
Storage Location [Ⓢ]	Massachusetts Eye and Ear
Postmortem Time [Ⓢ]	19.2
Fixation Time [Ⓢ]	2.0
Decalcification Method [Ⓢ]	TCA
Plane of Section [Ⓢ]	Horizontal
Cytocochleograms [Ⓢ]	None

Specimen Assay, Imaging and Analysis[Ⓢ]

+ Add recordsBulk edit

Displaying all 1 records

Actions [Ⓢ]	RID [Ⓢ]	Sample Image(s)	Assay Type [Ⓢ]	Files [Ⓢ]
	AW-WCTC		Hematoxylin and Eosin stain	1093871-H252L201.svs, 1093867-H252L161.svs, 1093888-H252L371.svs, 1093890-H252L391.svs, 1093854-H252L31.svs, 1093864-H252L130.svs, 1093889-H252L381.svs, 1093880-H252L291.svs, 1093884-H252L331.svs, 1093865-H252L141.svs, 1093878-H252L271.svs, 1093862-H252L111.svs, 1093853-H252L21.svs, 1093852-H252L11.svs, 1093883-H252L321.svs, 1093856-H252L51.svs, 1093868-H252L171.svs, 1093861-H252L101.svs, 1093859-H252L81.svs, 1093874-H252L232.svs, 1093887-H252L361.svs, 1093886-H252L351.svs, 1093875-H252L242.svs, 1093866-H252L151.svs, 1093855-H252L40.svs, 1093885-H252L341.svs, 1093872-H252L211.svs, 1093860-H252L91.svs, 1093870-H252L191.svs, 1093876-H252L251.svs, 1093882-H252L311.svs, 1093863-H252L121.svs, 1093879-H252L281.svs, 1093891-H252L401.svs, 1093857-H252L61.svs, 1093873-H252L221.svs, 1093881-H252L301.svs, 1093869-H252L181.svs, 1093858-H252L70.svs, 1093877-H252L261.svs

At the **Specimen** level, the **Share and Cite** button creates URLs linked to one Specimen.

A pop-up appears when the button is clicked, providing several options:

- A **Versioned Link** is specifically tied to this Specimen on EarBase at the time it is generated. The link and content is indelible.
- A **Live Link** is tied to this Specimen at the moment of access, and may change anytime.
- A Data Citation is not generated for single Cases. Cite the Dataset and Project, and use the URL or Specimen ID to denote specific specimens.

Share

Close

Warning

The displayed content may be stale due to recent changes made by other users. You may wish to review the changes prior to sharing the [live link](#) below. Or, you may share the older content using the [versioned link](#).

Share Link

Versioned Link (22 minutes ago)

<https://www.facebase.org/id/AW-SPYT@35D-042E-ODM8>

Live Link

<https://www.facebase.org/id/AW-SPYT>

Section 5: Coming soon in EarBase

EarBase User Tips

EarBase functionality will be enhanced over time by the release of tools and other resources. A few of these are summarized on the next slide.



Tools and other resources: these will be released as they are completed.

H&E Images

NIDCD requires that the H&E archival image sets meet a minimum standard resolution to maximize their utility for downstream analyses and to preserve this irreplaceable resource in case of slide loss, tissue degradation, etc. The MEE collection was uploaded prior to launch at the original resolution (high resolution scan in future). Newer image sets are being uploaded as they are scanned.

Audiogram Tool

A tool for recording and preserving audiometric data is near completion. This tool permits direct entry and template-based bulk entry of standard audiometric test results. Tool availability will precede widespread data entry. Scan of original audiograms may be available in the Files section of some Cases.

Records Curation

The EarBase data model and user interface were designed to meet the needs of the research community long-term, and to preserve as much information about each Case and Specimen as possible. Visitors to EarBase will notice that many fields contain no data. The data curation process is underway, but will take time to complete for the ~8,000 cases currently indexed on the platform. Users are encouraged to contact the Project PI(s) with requests for additional details, data sharing, and tissue sharing.

END OF SLIDES

Questions? Need help? Contacts:

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