The auditory brainstem implant (ABI) bypasses the cochlea and cochlear nerve and directly stimulates cochlear nucleus and is now an accepted modality of auditory rehabilitation in patients with cochlear and cochlear nerve anomalies where cochlear implants are ineffective. The ABI was initially developed by William House for the patients who were undergoing tumour removal surgery in cases of Neurofibromatosis type II but later its utility expanded to paediatric patients too.

Comparison of electrode mapping results intraoperatively and at the end of one year shows that at times few electrodes which had auditory responses intraoperatively were now having non auditory responses when re mapping was done. We have conducted a study on 20 paediatric ABI patients and compared the mapping status of electrodes intraoperatively and one year postoperatively and monitored the incidence of auditory electrodes turning into non auditory and tried explaining the reasons behind it.