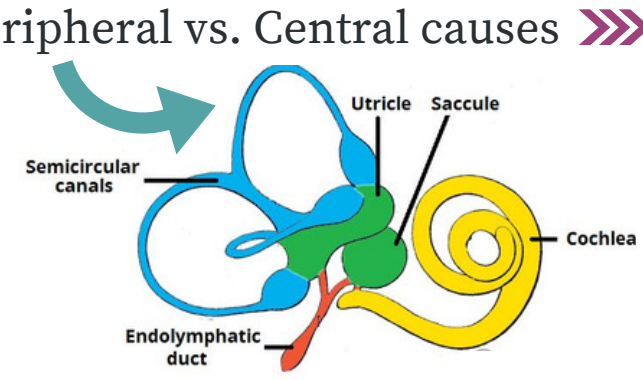
PERIPHERAL VESTIBULAR DISORDERS

NAT'S NOTES IN OTOLARYNGOLOGY HEAD AND NECK SURGERY

Episodes 25.1-25.2

VERTIGO

- Illusion of rotational movement around one's self or one's environment in the absence of movement
- Peripheral vs. Central causes



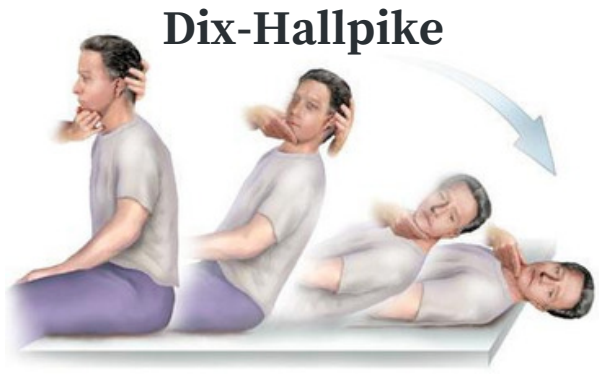
- Stroke
- Demyelinating process
- CPA / cerebellar tumour
- Infection (abscess)

BPPV

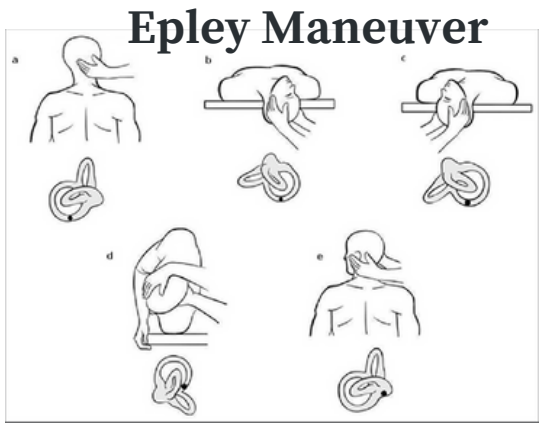
Episodic - seconds

- Benign paroxysmal positional vertigo
- 40% of vertigo complaints. 50% idiopathic / 50% sequelae of inner ear disease
- Due to posterior semicircular canal canalothiasis
- Diagnose with Dix-Hallpike (differentiates from central)
- Treat with Epley Maneuver, or surgery in resistant cases

Dix-Hallpike



Epley Maneuver



MENIERE'S DISEASE

Episodic - min to hrs

- Tetrad of sxs: 1) episodic vertigo, 2) fluctuating SNHL, 3) tinnitus, and 4) aural fullness
- Clusters of attacks with long periods of remission
- "Idiopathic endolymphatic hydrops" theory
- Primarily clinical diagnosis. May do electrocochleography
- Treatment: salt restriction, diuretics, vasodilators. Acutely may give antihistamines and intratympanic steroids
- 10% fail medical management

VESTIBULAR NEURITIS

Episodic - >24 hrs

- Dramatic, sudden onset
- No hearing loss or associated symptoms
- Viral mediated
- Diagnose with caloric reflex testing
- Treat with steroids and early vestibular rehabilitation

BILATERAL HYPOFUNCTION

Chronic

- Commonly otoxicity (aminoglycosides, chemotherapy, radiation, autoimmunity, syphilis)
- Presents with poor gait control, ataxia
- Usually no episodic vertigo
- Treat with vestibular rehabilitation (habituation/adaptation)