
Labyrinthitis Information

Labyrinthitis (say "lab-uh-rin-THY-tus") is a problem deep inside the inner ear. It happens when the labyrinth, a part of the inner ear that helps control your balance, gets swollen and inflamed. This can be from an infectious or inflammatory process in the hearing area and balance centre.

Causes:

Most commonly bacterial or viral toxins result in damage to the inner ear apparatus.

Bacteria can enter the ear during an attack of an ear infection, viruses can get into the inner ear after even a simple cold. If there are any abnormalities of the bones in the ear then you may be at increased risk.

Symptoms:

Sudden onset hearing loss (this can be permanent)

Acute dizziness, vertigo (usually resolves over weeks to months)

Ringing in the ears

Nausea and vomiting from the vertigo

Vertigo is not the same as feeling dizzy. Dizziness means you feel unsteady or lightheaded. But vertigo makes you feel like you're spinning or whirling. Symptoms of vertigo and dizziness may be caused by many problems other than labyrinthitis.

With labyrinthitis, the vertigo begins without warning. It often starts 1 to 2 weeks after you've had the flu or a cold. It may be severe enough to make you vomit or make you feel sick to your stomach. Vertigo slowly goes away over a few days to weeks. But for a month or longer you may still get vertigo symptoms if you suddenly move your head a certain way.

Diagnosis:

MRI, is obtained in patients with risk factors for stroke, with additional neurologic abnormalities, and who do not show improvement within 48 hours.

CT (computed tomography) scanning with thin cuts to evaluate the brainstem, cerebellum, and fourth ventricle may be obtained if indicated.

Balance testing can be done in difficult to treat patients. This is available in Albury, Melbourne and Sydney.

The need for further evaluation is necessary only if there is a concern for a central cause of the acute vertigo or if the acute vertigo does not substantially improve in 48 hours.

Treatment:

Antibiotic treatment for bacterial infection. Viral infections cannot be cured by antibiotics. If your doctor prescribes antibiotics, be sure to take them exactly as prescribed. And do not stop taking them even if you feel better; otherwise, the infection may not go away.

Symptomatic treatment:

Additional treatment is intended to keep you comfortable until the labyrinthitis goes away. Medicines called vestibular suppressants may be prescribed to reduce symptoms.

Antiemetics, such as prochlorperazine or promethazine, control severe nausea and vomiting.

Antihistamines reduce nausea, dizziness, and vomiting.

Sedatives reduce vomiting, nausea, and anxiety.

If a bacterial infection has injured your inner ear, you may continue to have symptoms of vertigo even after the infection has healed. Over time, your body should adjust to the confusing signals from the balance sensory systems that falsely tell your brain to detect motion that isn't occurring. The vertigo will eventually improve or disappear completely. This process is called **compensation**. Remaining as active as possible speeds compensation. Medicines may slow compensation and should only be taken for a maximum of 1 to 2 weeks, but ideally only 4- 5 days.

