

Vestibular Neuronitis / Labyrinthitis Information:

Vestibular neuronitis is the third most common cause of peripheral vestibular vertigo. (1st BPPV 2nd Meniere's disease). Vestibular neuronitis has no gender bias and typically affects middle-aged people. Less than half the patients have an antecedent or concurrent viral illness. The presentation includes acute vertigo. Like Meniere disease, the pathogenesis is not known but most patients recover with no sequelae. The primary role of the physician is to rule out a central cause of the acute vertigo. The treatment is primarily supportive care.

Symptoms:

- Vertigo lasting days after an upper respiratory infection, sudden onset with nausea and vomiting
- No hearing loss.
- No other neurologic signs or symptom
- Postural instability toward the injured ear but is still able to walk
- Vision difficulty and eye movements Nystagmus

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 vestibular neuronitis.

Cause:

These include viral infection, blood vessel occlusion, and immune system mechanisms.

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

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

The aims of treatment are to decrease nausea and vomiting and dizziness. Medications can be used in the early stages but we encourage patients to try and cope without medication to allow the brains pathways to get reprogrammed within 4-5 days.

- Anti-nausea Medications to dampen the sensations of dizziness
- Antiviral drugs and corticosteroids, in the case of viral infection
- Balance exercises

Prognosis

The acute attack of vertigo usually lasts a few days with complete or at least partial recovery within a few weeks to months. Some patients (15% in one study) may have significant symptoms even after 1 year. Recurrent attacks in the same or opposite ear have been reported but are unusual. Some patients may later develop Benign Paroxysmal Positional Vertigo. Vestibular rehabilitation is of benefit in patients with residual symptoms.

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