

VERTIGO

When patients complain of dizziness, they sometimes mean lightheadedness or unsteadiness. Vertigo means an abnormal or false sense of spinning or motion, even though the patient is indeed still. When you are referred for "inner ear problems" or vertigo, our team will complete a focused history to determine what the likely cause is. This includes information regarding the precipitating cause, duration, and severity of the spinning sensation, as well as other modifying or triggering factors. In addition, our team will inquire about falls, visual motion or sensitivity, headaches, blackouts, neck pains, and peripheral neuropathy. We will also review your prior test data so please make certain you bring any documents, scans, or medicines that you have.

Next our team will perform a complete audiometric, ENT, and then neurotologic exam. The neurotologic exam is designed to document any balance weakness, and to determine the likely diagnosis and treatment.

The most common causes of spontaneous dizziness are CNS /circulation problems, recurrent vestibular neuritis, benign positional vertigo, cervical disc disease, Meniere's disease, and migraine associated vertigo. Each of these has a completely different cause and treatment.

Recurrent vestibular neuritis is thought to be caused by a viral infection involving the balance nerve. It can cause severe vertigo episodes without hearing loss, positional vertigo, and a sense of imbalance as it resolves. Treatment consists of vestibular suppressants, vestibular therapy, and occasionally anti-viral agents to prevent reoccurrence.

Benign positional vertigo is characterized by brief episodes of vertigo triggered by head tilting or bending, and is due to the slippage of calcium crystals from the gravity center into the semicircular canals. Treatment usually consists of vestibular therapy and brandt exercises.

Meniere's disease is a problem of recurrent vertigo with hearing loss and tinnitus. It is due to increased pressure in the inner ear and is treated with low salt diet, diuretics, and vestibular suppressant drugs. In addition, office-based treatments such as Intratympanic Dexamethasone Perfusion or Intratympanic Gentamicin Perfusion can usually bring the vertigo under control for long periods of time.