

## MENIERE'S DISEASE

Meniere's disease is a problem associated with increased fluid pressure in the inner ear. The pressure increase is a result of damage that has occurred to the endolymphatic (inner ear) fluid system caused by hereditary factors, prior viral infection, allergies and autoimmune illness, and trauma. As the pressure builds, patients experience progressive and often fluctuating hearing loss, multiple severe vertigo episodes, roaring and ringing tinnitus, and ear fullness. Meniere's disease is unilateral in 75% of cases, and bilateral in 25%, although the second ear may not be involved until several years later.

At Nashville ENT and Allergy, the process of evaluation begins with a comprehensive audiometric exam performed by one of our doctors of Audiology. We will also review your prior medications and history so please bring any pertinent information with you to your visit. Then, a member of our team will document your history and perform your initial neurotologic balance examination, with an emphasis on determining; the likely diagnosis, it's stage of illness, and what additional tests need to be performed. To save our patient additional costs, we do not repeat your MRI scan unless it is over 5 years old or some additional information suggests it should be repeated. Our diagnostic battery usually includes electrocochleography (ECoG), auditory brainstem responses (ABR), and otoacoustic emissions. Other necessary tests may include blood testing, allergy tests, carotid ultrasound, and additional balance tests. Once the data has been accumulated, our team will review your current findings, your stage of Meniere's disease, and then recommend a course of action.

At the initial visit and in most cases, patients are started on a low sodium diet, a mild diuretic (fluid pill), and medication for nausea or vertigo. Your physician will discuss with you lifestyle measures to decrease the vertigo and when a surgical procedure may be indicated. Surgical procedures are indicated when vertigo continues to disrupt or alter a patient's quality of life. Vertigo procedures include office-based intratympanic dexamethasone perfusion of the inner ear or office-based middle ear exploration with gentamicin perfusion. Sometimes, vertigo control requires additional procedures performed in the operating room under anesthesia, including endolymphatic sac decompression, suboccipital vestibular nerve section, and transmastoid labyrinthectomy. Our goal in these cases is to diminish the vertigo and stabilize the hearing whenever possible.

Lastly, once the vertigo is diminished, we usually recommend rehabilitative services, including vestibular physical therapy (PT) and hearing aid consultation. Vestibular therapy may include a home-based program as well as walking aids to prevent falls. As a side note, Meniere's disease patients require a special type of programming for their hearing device and that is best done by an audiology service with a lot of experience treating Meniere's patients. Nashville ENT Audiology is an outstanding resource for patients with hearing loss due to Meniere's disease.