

Vertigo

CONFLICT BETWEEN
FEAR OF FALLING
AND THE DESIRE
TO FALL.

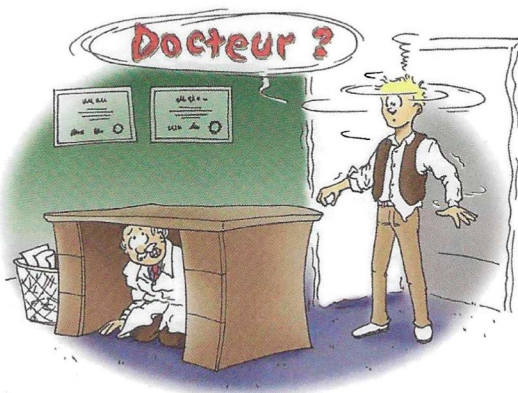


Editorial

There can be few physicians so dedicated to their art that they do not experience a slight decline in spirits when they learn that their patient's complaint is Dizziness.

Vertigo is used by health professionals to describe the feeling that you or the world around you is moving, when actually it is not. Vertigo of a vestibular cause is common, affecting 5% of adults.

Dizziness and imbalance are common complaints among the general population affecting around one-third of people over the age of 65 years and can result from a range of causes spanning many medical disciplines.

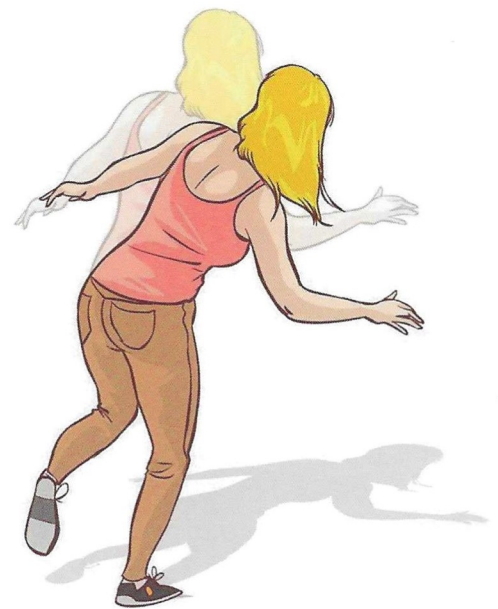
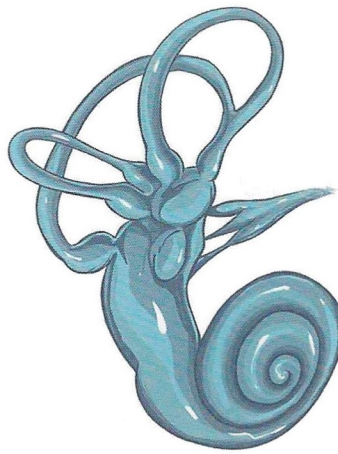


Falls in the elderly are commonplace & debilitating and are attributable to multi-sensory balance disorders with vestibular dysfunction being an under-diagnosed but treatable cause. At the other end of the spectrum, dizziness and balance disorders in the adolescent and young adult population requires tailored input due to their specific physical, psychological, emotional and intellectual needs. Most balance disorder patients are mentally distressed and many of them have some degree of cognitive impairment that needs medical attention. Merely suppressing the vertigo or imbalances without correcting the causative disorder and the co-morbid conditions is unethical and medically unjustifiable. Diagnosing the underlying disorders is not difficult with the correct diagnostic modalities and history taking methods that are now available.

Dr. Neeraj Kasliwal

What is Vertigo?

Illusion of spinning sensation of self or surroundings, usually due to disturbance of vestibular system is known as vertigo



Dizziness VS Vertigo

Dizziness

- ▶ Light Headedness
- ▶ Heart/ Vascular Problem
- ▶ Stroke

Vertigo

- ▶ Inner Ear disorder
- ▶ Viral Infection
- ▶ Changes in Head posture

Epidemiology

- Dizziness is one of the most common complaints in the primary care setting.
- 3rd most common complaint after chest pain & fatigue.
- 20% of the general population, aged 18yrs- 75yrs and above, reports dizziness.
- Incidences increases with age.
- Risk Factor for functional decline.

CLASSIFICATION of VERTIGO

Peripheral	Central
Peripheral vertigo occurs more frequently and is primarily due to infection, inflammation, and/or stimulation of various auditory nerves and organs.	Central vertigo commonly occurs due to migraines, cerebrovascular disease, or cerebellopontine angle tumors.

Signs & Symptoms of Peripheral and Central Vertigo

Peripheral	Central
<ul style="list-style-type: none"> • Sudden Onset • Intermittent with severe symptoms • Affected by head position and movement • Nausea and Vomiting more frequent and severe • Motor function, gait and co-ordination typically intact 	<ul style="list-style-type: none"> • Gradual onset • Constant with milder symptoms • Unaffected by head position and movement • Nausea and Vomiting less predictable • Motor function, gait, instability and loss of co-ordination frequent

ENT Vertigo

Condition	Episodic	Time Course	Hearing Loss	Exacerbating Factors	Associated Symptoms
Benign paroxysmal positional vertigo (BPPV)	Yes	< 1min	No	Position changes such as lying down, turning over in the supine position, or looking upward	None
Labyrinthitis	No	Constant, lasting days to weeks	Yes	Head movement	Nausea/ Vomiting
Vestibular Neuritis	No	Constant, lasting days to weeks	No	Head movement	Nausea/ Vomiting
Meniere's Disease	Yes	20 min - 12 hrs	Yes, fluctuating	None	Aural fullness, hearing loss, roaring tinnitus
Vestibular Migraine	Yes	Minutes to days	No	Stress, sleep deprivation, visual stimuli, motion	Headache, photophobia, Phonophobia, visual aura

Management

Investigations

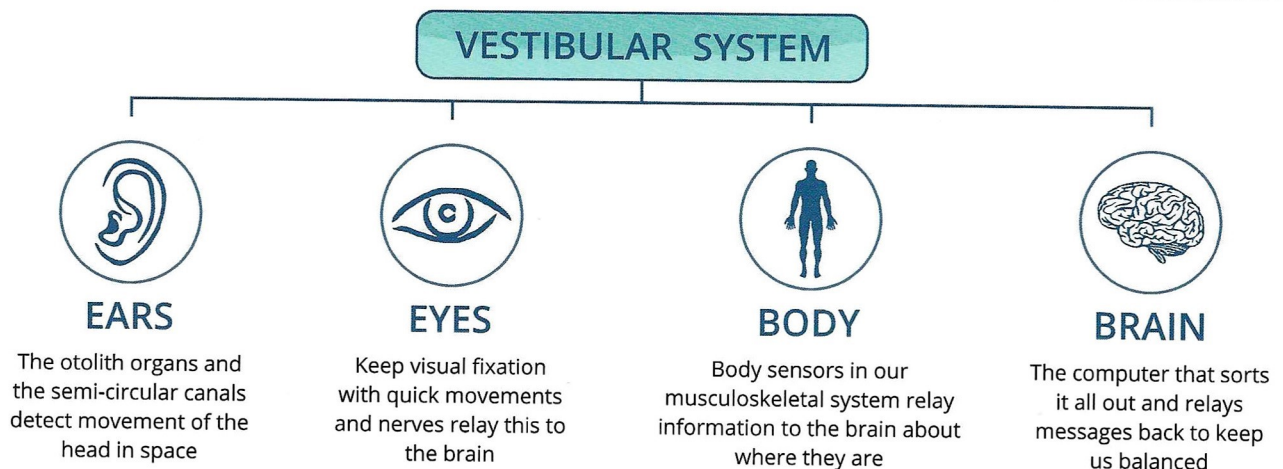
- Audiometry for Cochlear function
- Tuning Fork Test
- Videonystagmography (VNG) with Caloric testing
- Posturography
- Brain-stem evoked responses
- Possible neurological cause: CT / MRI

Treatment

Treatments

- Specific treatment of the underlying condition
- Reassurance, information, counselling
- Vestibular Rehabilitation
- Non- Specific drug treatment of acute vertigo, nausea and vomiting
- Transtympanic aminoglycoside application
- Surgery

Your vestibular system includes organs, nerves, and structures that are in your inner ear. It is your body's main center of balance. The vestibular system works together with your eyes, sense of touch, and brain. Your brain communicates with the different systems in your body to control your balance.



Advance Technology for Evaluating Vestibular Disorders

Videonystagmography (VNG)

What is VNG?

VNG stands for videonystagmography, a most advanced diagnostic test for a balance disorder. VNG testing can possibly uncover the root cause of your vertigo, dizziness or balance issues. This test measures a type of involuntary eye movement called nystagmus. Nystagmus causes your eyes to move from side to side or up and down, or both. It happens when the brain gets conflicting messages from your eyes and the balance system in the inner ear. These conflicting messages can cause dizziness.

VNG test for vertigo is the latest advancement in the technology of optics. Neural pathways connect the balance mechanism of the inner ear to the muscles of the eye. If there is any kind of disorder in the balance mechanism, it can lead to quick eye movements. Patient is required to wear a pair of glasses in which the camera is attached. With the help of the inbuilt camera, eye movements of the patients are recorded.



VNG test is the best solution to detect such an issue.

What are its Advantages?

1. VNG is a well-tolerated, non-invasive test to measure and record eye-movements
2. It visualizes and records the exact direction of the movements of the eye
3. Useful for assessing positioning and positional nystagmus
4. VNG tracings are clean and do not deviate from the baseline of eye-movements; the analysis and interpretation are therefore more accurate
5. VNG helps define treatment strategies, monitor the progression of therapy and to plan surgery

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