Common Vestibular Disorders

Benign paroxysmal positional vertigo (BPPV), is the most common type of peripheral vertigo, can be seen following head injury, illness, a change in medication, or due to natural aging. It occurs in 50% of people over the age of 70 years, and is caused by small calcium carbonate particles (otoconia) which are normally found in the inner ear. These particles can become displaced and migrate into one of the ear’s semi-circular canals, where they do not belong. The associated vertigo is brief, lasting only seconds in duration, and is typically associated with head movement, such as rolling over or getting in or out of bed.

Vestibular neuritis/neuritis is the second leading cause of vertigo and presents as a sudden episode of vertigo without hearing loss in an otherwise healthy person. However, the disorder is often followed by episodes of BPPV. The disorder can occur as a single attack or can present as multiple attacks, and often occurs in spring and early summer, associated with an upper respiratory tract infection developing around the same time. The intense symptoms typically improve over the course of several days, with gradual improvement over the next few weeks or months. The disorder is often followed by episodes of benign positional vertigo.

Labyrinthitis is an inflammatory process occurring within the membranous labyrinth that may have a bacterial or viral etiology. Viral infections produce symptoms of dizziness similar to vestibular neuritis, except that there is cochlear dysfunction as well. Bacterial labyrinthitis is often seen with acute otitis media (middle ear infection).

Meniere’s disease is an inner ear disorder characterized by episodic vertigo attacks (which can last anywhere from 20 minutes to 24 hours), sensorineural hearing loss, tinnitus, and pressure or fullness in the involved ear. Initially, the hearing loss involves the lower frequencies and fluctuates, usually worsening with repeated attacks. The attacks are characterized by true vertigo, usually with nausea and vomiting lasting hours in duration. Histopathologically, this disorder is believed to be due to abnormally large amounts of a fluid called endolymph collecting in the inner ear. Some people with
Meniere’s disease find that certain triggers can set off attacks, including stress, overwork, fatigue, emotional distress, additional illnesses, pressure changes, certain foods, and too much salt in the diet. Variants of the disease do occur, including vertigo without associated auditory symptoms.

**Migraines** are usually made up of two categories: migraine without aura and migraine with aura. The term aura can be defined as a focal neurological disorder resulting in abnormal sensory perceptions. Visual auras are the most frequent type, and may come in a wide variety of phenomena or hallucinations. Vertigo, tinnitus, photophobia, and phonophobia, and occasionally a low frequency fluctuating sensorineural hearing loss may present in at least 30% of migraine patients. 60% will report a lifelong history of motion sensitivity.

**Mal de Debarquement**, or disembarkment sickness, is actually a common and normal occurrence. It can best be defined as the continued sensation of motion, rocking, or swaying that persists after return to a stable environment following a prolonged exposure to motion, as one would encounter on a cruise, car, bus or train ride. It can be related to any form of conveyance. Most individuals who have enjoyed even a few hours on a fishing boat may have experienced this sensation of still being on the water, after they have returned to shore. This sensation may only last hours or even for a few days. It seems to be most noticeable when standing in the shower shampooing with eyes closed, lying in bed, or perhaps leaning against a stable fixture, as when one is at the sink washing the dishes. The Mal de Debarquement sensation that commonly occurs is independent of any seasickness or motion sickness that may be experienced during the cruise or travel. The individual may not have any ill feelings at all, and only notices the rocking sensation once on solid ground.

*There are many other causes of balance and dizziness disorders which are not mentioned here. Please feel free to contact us for more information.*