

Benign Positional Vertigo and Otolith Re-Positioning Maneuvers

There is useful information and diagrams on this printout, for an animated view to help clarify any questions, go to;

http://www-surgery.ucsd.edu/ent/PatientInfo/info_bppv.html

Benign Paroxysmal Positional Vertigo

Discussion;

LABYRINTHITIS - is an inflammation or infection of the inner ear. The ear is made up of the outer ear and the inner ear, which is separated by the eardrum. The inner ear contains the eighth cranial nerve (needed for hearing) and structures needed to maintain balance. If the inner ear becomes infected these two functions may be affected. Symptoms associated with this condition are nausea, vomiting, dizziness, diminished hearing, and blurred vision. Movements of the head (especially sudden) will increase these symptoms. Causes of labyrinthitis may include infections, allergies, injury, drug reactions, or circulatory problems.

What is benign paroxysmal positional vertigo?

Benign paroxysmal positional vertigo, also called BPPV, is an inner ear problem that causes you to suddenly feel dizzy when you move your head in a certain direction or roll over in bed. You might feel like the room is spinning around in circles. You might feel nausea at the same time. The nausea and dizziness go away in a few seconds. BPPV is bothersome, but it won't hurt you.

What causes BPPV?

BPPV may be caused by a blockage of fluid in the balance centers in your inner ears. The blockage might be made of tiny "stones."

How is BPPV diagnosed?

Your doctor may suspect BPPV if you feel dizzy when you move your head certain ways. Several tests can help your doctor tell if your dizziness is caused by BPPV.

NOTIFY US FOR ANY OF THE FOLLOWING:

1. Loss of hearing on one side;
2. Temperature above 100.5 F;
3. Persistent vomiting;
4. Convulsions.

How is BPPV treated?

Your doctor can show you some easy head movements that move the stones causing the blockage. The movements of your head can stop the symptoms and may keep the dizziness from coming back. You may also be given medicine to treat the nausea and dizziness. You should rest and reduce the movements of your head as much as possible until the symptoms improve. Decrease the amount of salt in your diet. Avoid foods that are canned, carbonated beverages, cold cuts, and do not salt food after preparation.

EXERCISES;

Lay flat on your back with your head/neck slightly extended for 10 minutes, then rotate to the left with the left ear straight down for 10 minutes, then rotate Left again until the nose is straight down for about 10 minutes, finally rotate L again until the Right ear is down for 10 minutes and go back to the "nose up" flat position, then repeat the process turning Right each time. This sometimes helps the Otoliths, or small stones in the ear that help maintain balance get back to where they belong.

Epley Diagrams;

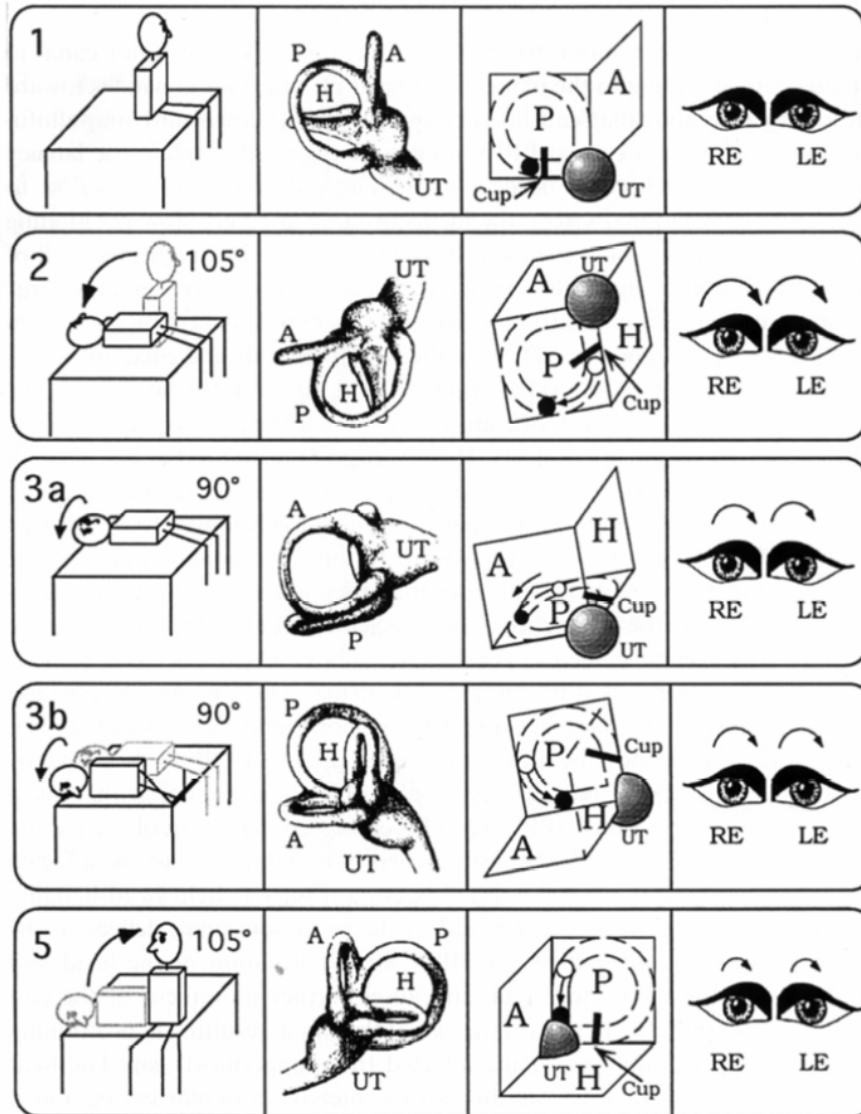


Fig. 7. Schematic drawing of modified Epley liberatory maneuver. Patient characteristics and abbreviations as in figure 6 (Cup = cupula). 1 In the sitting position, the head is turned horizontally 45° to the affected (left) ear. 2 The patient is tilted approximately 105° backward into a slight head-hanging position, causing the clot to move in the canal, deflecting the cupula downward, and inducing the BPPV attack. The patient remains in this position for 3 min. 3a The head is turned 90° to the unaffected ear, now undermost, and 3b the head and trunk continue turning another 90° to the right, causing the clot to move toward the exit of the canal. The patient remains in this position for 3 min. The positioning nystagmus beating toward the affected (uppermost) ear in positions 3a and 3b indicates effective therapy. 5 The patient is moved to the sitting position. [From Brandt et al., 1994.]