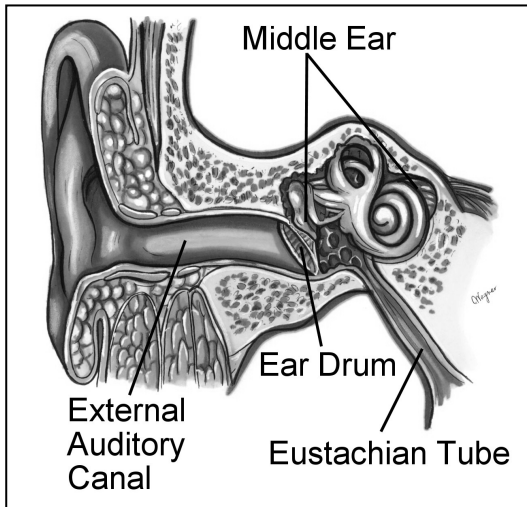


Vestibular neuronitis (Inner Ear Inflammation)



Vertigo is a type of dizziness where you feel as though you or your surroundings are spinning or moving. Your exam suggests you may have an inner ear disturbance or vestibular neuronitis. The cause of this condition is not known, but it may be due to a virus infection. Typically the dizziness of vestibular neuronitis comes on suddenly and is made worse by motion and results in nausea and vomiting. It usually lasts for a few days and then clears up over 1-2 weeks. If you have multiple attacks and get migraine headaches, vestibular migraine may cause

very similar symptoms and cannot be excluded after the first attack.

TESTS AND DIAGNOSIS

There is no one test that confirms vestibular neuronitis. Dr Iseli may arrange some tests to exclude treatable conditions including a hearing test (audiogram) and an MRI scan (to rule out a rare brain tumor). Sometimes, further testing may be needed to evaluate your balance system.

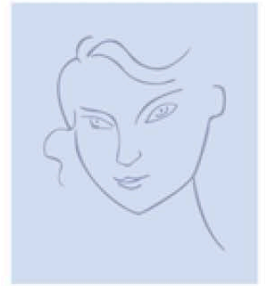
TREATMENT

- You should stay away from alcohol, tranquilizers, caffeine, and nicotine.
- When the attack is severe, lie down in a dark room. Do not drive during or near the time of attacks. Remember to stretch your calves to prevent blood clots (DVT's) in your legs.
- Once the acute attack has passed, start performing activities that require balance. Start with simple things such as walking on a hard surface. Then try walking on a hard surface bouncing a ball (this trains your balance system to work without your attention or visual cues). Then try walking on a soft surface, ideally sand. Finally, try walking on a soft surface while throwing a ball in the air. If unsteadiness persists despite these exercises, see a physiotherapist or physical therapist for comprehensive balance exercises.
- Within the first 72 hours of onset, a course of prednisolone (corticosteroid) may be helpful.
- Medications may be used to treat nausea, and vomiting. Take prescribed anti-nausea medication (Stemetil – prochlorperazine 5mg by mouth or 25mg per rectum up to 3x/day; ondansetron 4mg wafers if this fails).
- Try motion sickness medication (meclizine 25mg 3x/day). If this fails, try prescribed diazepam 5-10mg up to 2x/day. Note that frequent use of diazepam should be avoided as it can be habit forming and cause reduced effectiveness.

LIVING WITH UNSTEADINESS.

Sometimes unsteadiness persists despite treatment. A number of measures may reduce the impact of unsteadiness and decrease the risk of a serious fall:

- Fall-proof your home by avoiding tripping hazards and use non slip rugs in the bath or shower. An occupational therapist may assist in modifying your home.
- Sit or lie down if you feel dizzy.



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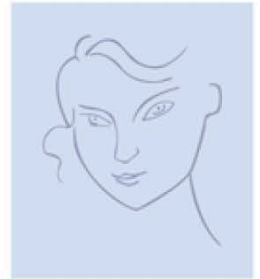
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- Avoid driving a car if you are having frequent dizziness.
- Use good lighting especially at night.
- Walk with a cane for stability.

SEEK IMMEDIATE MEDICAL CARE IF:

Rarely, a stroke may result in similar symptoms so please **see your doctor or go to the emergency room right away if you have:**

- **Severe headache, fevers, weakness or numbness in your arms or legs.**
- **Double vision, loss of vision or difficulty speaking.**
- **Persistent vomiting, dehydration, or extreme weakness.**



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