Did you know?

The latest from the field of otolaryngology

BPPV ***(Benign Paroxysmal Postional Vertigo)*** is the most common cause of vertigo due to a peripheral vestibular disorder. It occurs spontaneously in many patients but may be caused by head trauma, labyrinthitis, or ischemia in the distribution of the anterior vestibular artery.

BPPV is characterized by vertigo that begins 1 to 40 seconds after the patient has been placed in a provoking position. Most common situations: "getting out of bed, gardening, washing hair, going to the dentist".

The most common cause of BPPV, canalithiasis, suggests that degenerative debris, probably fragments of otoconia from the utricle, is floating freely in the endolymph of the canal, most often the posterior semicircular canal.

Diagnosis of BPPV is made by performing the *Dix-Hallpike Maneuver*. This maneuver allows you to:

- Confirm presence of BPPV
- Identify which side is affected
- Identify which canal is involved (most commonly the posterior semicircular canal, but in rare cases of BPPV (6-8%) the horizontal semicircular canal may be involved)

In the Dix-Hallpike maneuver, the patient is brought from a sitting position to a supine position, with the head turned 45 degrees horizontally toward the labyrinth to be tested and with the head slightly extended. The nystagmus observed in BPPV has the following characteristics:

- Latency: 3-5 seconds
- Duration: may range from seconds to minutes
- Direction: nystagmus is torsional and geotropic.
- Fatigability: repeated maneuvers produce less and less responses.
- Reversal of nystagmus when the patient returns to an upright position

Treatment of BPPV is based on identification of which side and which canal is involved and is achieved with the *Epley Maneuver*, also known as canal repositioning maneuver.

Properly performed BPPV has a success rate of 70-95% with a single treatment. If you have diagnosed BPPV or strongly suspect BPPV based on history and symptoms, refer your patient to an otolaryngologist for definite diagnosis and treatment.

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