

# Did you know?

The latest from the field of otolaryngology

**Dizziness.** There is no greater diagnostic and therapeutic challenge in medicine. When examining a patient with dizziness, start by mentally forming categories that can fit your patient's symptoms.

## Peripheral Vestibular Causes

### *Benign Positional Vertigo*

- Most common
- Duration: 1-60 seconds
- Triggered by certain head positions
- Patient is well between attacks

### *Vestibular Neuritis (Labyrinthitis)*

- One incapacitating attack lasting days
- Nausea, vomiting, often trip to ER
- Persistent unbalance for days or weeks

### *Meniere's Disease-Endolymphatic Hydrops*

- Attack occurs while in resting position
- Duration: 30 minutes to 4 hours
- Often otologic symptoms: tinnitus, aural pressure, hearing fluctuations
- May be triggered by salty foods, allergies, stress

### *Bilateral Vestibular Loss*

- Always unbalanced
- Unable to read newspaper
- Bobbing oscillopsia
- Often after long treatment with aminoglycosides or antineoplastics

## Middle Ear Disease Causes

- Otitis Media
- Mastoiditis
- Cholesteatoma

## Central Causes

### *Migraine*

- History or family history positive for Migraine
- Photophobia, phonophobia, nausea, vomiting, headache
- Dizziness may be part of the aura preceding the headache
- Vertigo may be the only manifestation of migraine (no headache)

### *Acoustic Neuroma*

- Vertigo is *not* a common complaint
- Disequilibrium, subtle feeling of imbalance
- Most common symptom: unilateral tinnitus and unilateral hearing loss

### *Cerebellar Infarct, Hemorrhage*

- Vertigo
- Ataxia
- Vertical nystagmus

### *Transient Ischemic Attacks (TIA)*

- Duration: 5-10 minutes

## Cardiovascular Causes

- Hypotension, hypertension
- Vasovagal episodes

## Metabolic Causes

- Hypoglycemia
- Diabetic Neuropathy

### *A carefully obtained medical history*

is the most important part in the evaluation of a patient experiencing dizziness. Start with these questions:

- When was the very first time you felt dizzy? How severe was it? How many days did it take to recover?
- Are you well between attacks or always unbalanced? Is the dizziness episodic or constant?
- Is your dizziness positional?
- Any associated symptoms? Tinnitus, aural pressure, hearing changes, nausea, vomiting, anxiety, headache? Any relations with certain foods, allergies, stress?

**When should you refer your patient to an otolaryngologist?** Any patient with suspected peripheral vestibular causes, tinnitus, hearing loss or middle ear disease should see a specialist.

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