Vestibular Failure/Vestibular Neuritis
Anil Banerjee, British Society of Otology, Balance Course 2020

Vestibular Deficit

<table>
<thead>
<tr>
<th>Fixed Deficit</th>
<th>Fluctuating Deficit</th>
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<tr>
<td>Trauma</td>
<td>Menieres</td>
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<tr>
<td>Iatrogenic</td>
<td>Migraine</td>
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<td>Labyrinthitis</td>
<td>BPPV</td>
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<tr>
<td>Vestibular Neuritis</td>
<td>Perilymphatic Fistula</td>
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<tr>
<td>‘Burnt out’ Menieres</td>
<td>Autoimmune Inner Ear Disease</td>
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</tbody>
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What causes vestibular failure?

Viral infection
Vascular
Trauma
Iatrogenic
Bacterial infection
Local disease
Auto immune disease

Where does the Vestibular System fail?

vestibular nuclei to vestibular end organ
Commonly superior division of the vestibular nerve
What is the difference between vestibular neuritis and labyrinthitis
Failure of vestibular nerve only
Therefore no hearing/tinnitus changes

What are the presenting features of Vestibular Neuritis?
Sudden onset
Rotational vertigo
Nausea and vomiting
Sweating (diaphoresis)
Diarrhoea
No auditory symptoms

DVLA ADVICE RE WHO SHOULD NOT BE DRIVING....
people with ‘a liability to sudden and unprovoked or unprecipitated episodes of disabling dizziness'

DVLA
**Sudden disabling events**
Anyone with a medical condition likely to cause a sudden disabling event at the wheel, or who is unable to control their vehicle safely for any other reason, must not drive.
The DVLA defines the risk of a sudden disabling event as:
20% likelihood of an event in 1 year for Group 1 licensing
2% likelihood of an event in 1 year Group 2 licensing.

Diagnosis of VN
Full history
Exclude any other neurological deficit
Examination – look at nystagmus type
Treatment of VN - acute
Acute – vestibular sedatives/ anti-emetics. Prednisolone
? Any contributing factors to slow recovery
- hypertension, vascular disease, diabetes, autoimmune disorders,
psychological pathology, ophthalmological and arthritic problems

TREATMENT OF VN – LONGER TERM
Induce central compensation
Customised vestibular rehabilitation techniques

What is the prognosis?
Generally good
Ipsilateral vestibular nuclei start firing to equalize vestibular balance within
hours but takes weeks to achieve full compensation

Poor outcomes in VN
BPPV- may be due to selective preservation of the inferior vestibular nerve
following vestibular neuritis
Incomplete central compensation
Recurrent VN – treat with Famcyclovir and Prednisalone for acute attacks

Other resources
Practical Management of the Dizzy Patient – Joel Goebel

https://worldmedicaleducation.org/case-study/ear-nose-and-throat