VESTIBULAR NEURITIS

INFORMATION FOR PATIENTS, CARERS AND DOCTORS

Bulleen Plaza, Shop 29, 109 Manningham Road, Bulleen, 3105.
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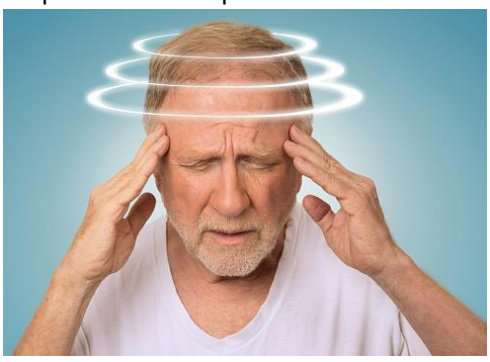
Intended Audience:

This brief educative tool will be of benefit to patients, their carers and treating doctors to aid discussion and common understanding. The information contained within this document is general and should not be considered medical advice. Please consult your doctor should you have concerns about your balance. Further links for additional information are provided at the end of this document.

Vestibular Neuritis is an acute balance disorder that affects 3.5 per 100,000 population and can account for 7% of outpatient's clinics specializing in the treatment of vertigo, such as the Royal Victorian Eye and Ear Hospital (RVEEH) in Melbourne. Its onset is sudden with intense nausea, vomiting, rotational vertigo, visual disturbance and unstable gait. Tinnitus (ringing in the ears) and a sense of aural fullness can also be present. Often patients will need to confine themselves to bed for at least 3 days and sometimes they will seek hospital admission for unremitting symptoms. By ten days post onset symptoms are significantly reduced. Labyrinthitis is a term reserved to describe involvement of both the balance and hearing organs simultaneously.



Vestibular Neuritis (VN) is the third most common balance disorder behind Vestibular Migraine and Benign Positional Paroxysmal Vertigo (BPPV) and is a costly impost on health services not to mention up to ten days of diminished capacity and mobility of the sufferer.

The causation of VN is considered to be a reactivation of a latent virus in the vestibular apparatus or vestibular nerve ganglia, sometimes around the time of personal stress when it is postulated our immune system is not 100%, or it can be reported as secondary to flu like symptoms. Those afflicted usually start to feel marginally better within the first 24 hours as a process of "cerebellar clamp" commences, reducing the difference in activity between the good and bad ear such that there is less nausea and vertigo. Approaching 72 hours "central compensation" is taking effect in the brain stem to bring the ears to a closer equilibrium and again significantly reducing nausea and vertiginous symptoms.

Recovery Process from Vestibular Neuritis		
Time from Onset	Symptoms	Description
First 24 hours	Intense vertigo, nausea and vomiting, gait instability,	One labyrinth is dysfunctional creating a mismatch with the normal ear. Cerebellar clamp

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	nystagmus (eyes beating toward the better ear)	commences reducing the resting output rate of the better ear. Anti-nausea and steroidal medication per medical advice
Up to 72 hours	Diminishing symptoms due to treatment and central mechanism's	"Central Compensation" effective, creating replacement signal in the brainstem to compensate for loss of peripheral signal.
➢ 72 hours	Significant reduction in symptoms	Central compensation still in progress
Long Term	Usually symptom free	May be more prone to develop BPPV. Residual imbalance may be due to incomplete compensation for which vestibular rehabilitation can assist

Early medical treatment with anti-nausea medication can alleviate symptoms but conventional advice is for these to be tapered off as prolonged use may delay central vestibular compensation mechanisms. Once the vestibular neuritis episode is over the patient will generally return to a normal life, however there will be likely permanent damage to the vestibular nerve and/or balance organs in the afflicted ear. As we have inbuilt redundancy in our balance organs and central compensation processes in place to enable us to continue functioning there is rarely any significant disablement in future years.

After recovery, clinically it can be difficult to detect the patient has a damage vestibular system. A vestibular assessment can inform which semicircular canals (horizontal, anterior, posterior) and otolith organs (Utricle and Saccule) have been affected permanently and to what extent. This information, due to anatomical connections, infers which branch of the vestibular nerve has been affected.

Post recovery there may be occasional imbalance and veering to one side but usually this is self-correcting due to the wonders of cerebellar functioning. An ear that has suffered Vestibular Neuritis is more prone to develop Benign Paroxysmal Positional Vertigo (BPPV) which can be treated easily and successfully with an Epley maneuver.

Further Information:

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Whirled Foundation – Support for Chronic Imbalance Sufferers.

A: Suite 4, Brookwood House

424-426 Nepean Highway

FRANKSTON VIC 3199

T: 03 9783 9233 or 1300 368 818

E: micky@whirledfoundation.org

W: http://www.chronicillness.org.au/peer-support-network/members-directory/menieres-australia/

Temporal Bone Donor Society Inc. – Supporting research into Balance and Hearing Disorders.

A: The Royal Victorian Eye and Ear Hospital

32 Gisborne Street, East Melbourne, 3002

W: http://temporalbone.org.au/australian-temporal-bone-bank/

The Royal Victorian Eye and Ear Hospital

Fact Sheets: https://www.eyeandear.org.au/page/Health_Professionals/Clinical_Resources/

Better Health Channel

Fact Sheets: https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/labyrinthitis-and-vestibular-neuritis

Concerns or Questions

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Please feel free to contact ACE Audiology

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