

Stop the Spinning

A guide to common diseases of the inner ear

Meniere's disease

Meniere's disease occurs when a buildup of ear fluid creates pressure that interferes with inner ear workings. Not only does this cause vertigo, but also hearing loss, and a feeling of fullness, ringing, buzzing or roaring noises in the ear. The problem usually starts in just one ear, but may spread to both.

Treatment is limited, and symptoms may persist for years.

Labrynthitis

A viral ear infection or inflammation damages the inner ear structure, causing a feeling of constant imbalance, with mild to severe vertigo and possible hearing loss. The problem usually goes away when the infection goes away.

Treatment is usually antihistamines and/or decongestants such as Meclizine (or Antivert), which are used as long as the symptoms persist.

Perilymph Fistula

An abnormal opening in the inner ear that leaks fluid, usually caused by high pressures (flying in an airplane, or scuba diving), whiplash injury or a blow to the head. Symptoms include ringing in the ear, headache, and coordination and gait problems.

This problem needs to be evaluated by an ear specialist.

Benign Positional Vertigo

This occurs when tiny calcium crystals shear off from membranes in the inner ear, and float in the inner ear canal fluid. In people less than 50 years old, this usually happens a whiplash injury, a blow to the head, or sometimes a bacterial ear infection. Symptoms may not start for days or weeks after the injury – which needn't be a hard one. As a result, persons may not connect the injury to their symptoms.

When the head is moved in certain ways, the crystals, called canaliths, irritate the ear's sensory receptors, causing the spinning sensation. Therefore, lying down, turning to one side, sitting up and looking up or to the side are motions likely to cause dizziness; in the most wretched cases, any head movement may bring it on. The vertigo usually lasts a short time, but the associated nausea and weakness that follow can linger for hours or days.

Treatment involves avoidance of the movement that causes the symptoms, and using antihistamines such as meclizine (Antivert). There are special maneuvers designed to move the canaliths out of the way, which can be done at home or with physical therapy.

Persistent Postural Perceptual Dizziness

This features chronic subjective dizziness and phobic postural vertigo caused by chronic dysfunction of the vestibular system of the brain, causing persistent dizziness, non-spinning vertigo, and unsteadiness. It represents a long-term maladaptation to an event that triggers vertigo.

This problem can lead to secondary gait problems, anxiety, and avoidance behaviors, and disability.

Treatment includes specialized vestibular rehab, medications like sertraline or citalopram, and cognitive behavioral therapy.

