

How I evaluate unexplained vertigo and imbalance

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Alta View Ear, Nose and Throat

Case History:

26 yo white male, professional "extreme fighter".

Hit in the right ear.

Sudden onset, intense vertigo 10 days later with lying down.

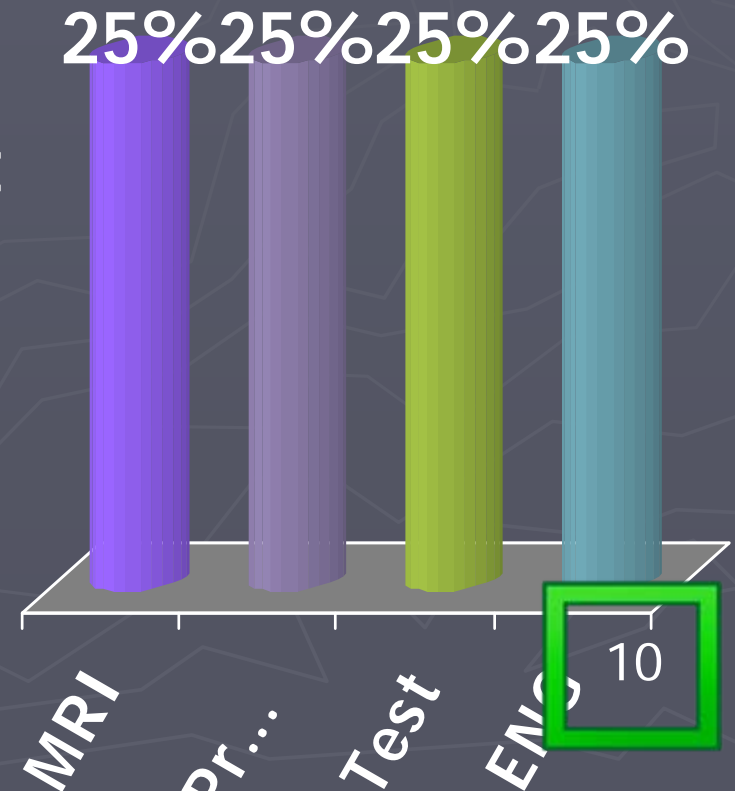
Recurrent, brief bursts of dizziness with position change.

No loss of hearing. Otherwise well when up and active.

Physical exam is unremarkable.

Most productive next step is:

1. Brain MRI
2. Psychological Profile inventory
- ✓ 3. Hallpike Test
4. ENG



Hallpike Test:

Positive in the neck extended, head right position: Brief nystagmus with a brisk up-beating and right torsional component is elicited consistent with rightposterior semicircular canal debris (otolith sludge).

Clinical Reasoning:

Patient received jarring impact prior to symptoms

Vertigo brief and positional

Patient otherwise healthy

Symptoms can be reproduced by quick positional office test

Clinical Diagnosis: Benign Positional Vertigo

Pathophysiology: Hit head and knocked loose hundreds of calcium carbonate crystals from the otolithic membrane of the utricle in the right ear. Some of the debris found its way into the semicircular canal branching out of the utricle. Once stuck, shifting back and forth results in the perception of spinning motion or vertigo.