Labyrinthitis/Vestibular Neuritis

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Labyrinthitis/Vestibular Neuritis is the 2nd most common cause of vertigo (Benign Paroxysmal Positional Vertigo (BPPV) being the most common). Viral infections are the most common form of labyrinthitis. Infections inflame the inner ear or the nerves connecting the brain to the inner ear. Normal sensory information is then disrupted which may cause symptoms such as vertigo, dizziness, imbalance, and problems with vision or hearing. Symptoms are most often preceded by a viral infection of the respiratory or gastrointestinal tracts.

DEFINITIONS:

Labyrinthitis occurs when both branches of the vestibulocochlear near are involved resulting in hearing changes and vertigo or dizziness.

Vestibular Neuritis affects one branch of the vestibulocochlear nerve that involves balance, but usually not hearing.

SYMPTOMS AND ONSET

The primary symptom is usually a sudden onset of rotational vertigo (which may be mild to severe) that is made worse with movement of the head, and is often associated with nystagmus (jerking of the eyes). Other symptoms may include nausea, vomiting, imbalance, tinnitus (ringing in the ear), problems with vision and concentration. Symptoms often reduce over a 48-72 hour period and balance may return to normal in 6 weeks. Most often affected are those between 30 and 60 years old.

TREATMENT

Should you experience any of the above symptoms, your recovery will be accelerated if you see a vestibular physical therapist or Ear, Nose, and Throat doctor immediately. You may be prescribed an anti-inflammatory medication to reduce the inflammation on the nerve from your doctor. You will also need to begin vestibular rehabilitation therapy (VRT), a form of physical therapy that is proven to be beneficial in retraining the brain's ability to adapt to the altered signals being sent from the inner ear. The brain will adapt over time by a process called compensation, which is facilitated by VRT. Exercises may provide immediate relief for may take several weeks. Some people have to continue exercises on a regular basis while others function well without continuous exercise. A key component to success is for the patient to **keep moving**!

If symptoms persist, other tests may be ordered to further determine the extent of the problem and locate the involved area in the inner ear. These tests may include an audiogram (hearing test) and videonystagmography (VNG) which may also include a caloric test that measures the difference between the functions of the inner ear comparing the two sides.

For more information, contact the vestibular physical therapists at the APRS Dizziness and Balance Center at 406.587.4501