



VESTIBULAR NEURONITIS

Vestibular neuronitis is also known as "labyrinthitis," or "inner ear infection." It is believed to be secondary to an infection of the inner ear caused by a virus. There are two parts to the inner ear. The semicircular or balance canals control our sense of equilibrium, while the cochlea is the organ of hearing. Vestibular neuronitis can affect one or both parts of the inner ear. Involvement of the balance canals produces spinning dizziness or vertigo, nausea, and sometimes vomiting. Involvement of the cochlea, although rarer, can also occur causing hearing loss, ear ringing, or ear fullness.

There is no blood test or x-ray that can diagnose vestibular neuronitis. Rather, the diagnosis is based on a patient's symptoms. Physical examination is usually unremarkable. At times it may be necessary to also perform a hearing test to make sure the cochlear system is not involved. Vestibular neuronitis can occur in all age groups. Sometimes people have had a recent cold or upper respiratory infection. Some people can become ill with this, even prompting a visit to the closest emergency room. The majority of people with vestibular neuronitis experience a gradual recovery over days to a few weeks. Rarely, it takes three to six months to recover completely. There may be a sense of unsteadiness while the recovery is occurring. Medications to treat vestibular neuronitis include Antivert (meclizine), Valium (diazepam), or Phenergan (promethazine). These medicines help by lessening the spinning or relieving the nausea. As the infection is believed to be viral, antibiotics are usually not helpful. The medicines should only be used for a few days; if used longer than this, they may prolong the recovery. For people experiencing a slow or delayed recovery, further testing or even physical therapy called "vestibular rehabilitation" may be of significant benefit.