



최 재 환

양산부산대학교병원 신경과

Vestibular neuritis and pseudo-vestibular neuritis

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Acute vestibular syndrome (AVS) is characterized by the rapid onset (over seconds to hours) of vertigo/dizziness, nausea/vomiting, and gait unsteadiness with head motion intolerance and nystagmus lasting days to weeks. AVS is often due to acute peripheral vestibulopathy (APV) such as vestibular neuritis or labyrinthitis. However, some patients with AVS have dangerous brainstem or cerebellar strokes. Clinically, it is important to differentiate central AVS from APV because patients with strokes should receive proper medication and lifetime prophylaxis. Careful eye movement assessment is essential to detect central AVS because initial MRIs can be falsely negative in posterior circulation stroke. Recently, distinctive ocular motor findings have been defined in lesions restricted to each central vestibular structure, and these can aid in differentiating central AVS from APV and understanding the function of each vestibular structure. This session will review an important differentiation between APV and central AVS based on ocular motor examinations.

Key Words: Acute vestibular syndrome, Vestibular neuritis, Pseudo-vestibular neuritis

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