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Neuro-otology

Seung-Han Lee
Department of Neurology, Chonnam National University Medical School, Gwangju, Korea

Neuro-otologic disorders manifesting as vertigo, dizziness and imbalance are common problems in neurological practice. Some recent advances in diagnosis and management of various diseases in neuro-otology will be reviewed in this session.
In benign paroxysmal positional vertigo (BPPV), the diagnostic criteria suggested by the Barany Society is currently used. When we diagnose patients with horizontal canal BPPV, we should be aware of the followings; persistent geotropic nystagmus without latency could originate from a light cupula and apogeotropic nystagmus which are refractory to canalith repositioning maneuver could result from central vestibular pathology such as stroke and cerebellar tumor.
In functional vertigo and dizziness known earlier as somatoform or psychosomatic dizziness, the Barany Society reached a consensus on the criteria of a disorder named persistent postural-perceptual dizziness (PPPD). PPPD includes core features described over the last 30 years in syndromes like phobic postural vertigo, chronic subjective dizziness, space-motion discomfort, and visual vertigo.
Acute vestibular syndrome (AVS) is characterized by rapid onset of vertigo, nausea/vomiting, and gait unsteadiness in association with head motion intolerance and nystagmus lasting days to weeks. In AVS, the bedside HINTS battery has been proved to be useful in identifying strokes. However, many patients develop acute transient dizziness and vertigo lasting <1 day, which may be termed acute transient vestibular syndrome (ATVS). It is potentially dangerous because bedside examination and routine MR imagings have a limitation in diagnosing strokes. A recent study suggested perfusion imaging may help to identify strokes in ATVS of unknown cause, and associated craniocervical pain and focal neurological symptoms/signs are the useful clues for strokes.

Key Words: Neurotology, Dizziness, Vertigo, Benign paroxysmal positional vertigo, Stroke

Seung-Han Lee, MD
Department of Neurology, Chonnam National University Hospital,
42 Jebong-ro, Dong-gu, Gwangju 61469, Korea
Tel: +82-62-220-6274 Fax: +82-62-228-3461
E-mail: nrshlee@chonnam.ac.kr