

Vestibular Paroxysmia



최 광 동

부산의대

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Vestibular paroxysmia is a rare vestibular disorder characterized by brief attacks of spinning or non-spinning vertigo which lasts from a second up to a few minutes, and occurs with or without ear symptoms. A neurovascular cross-compression of the eighth cranial nerve is assumed to be the cause of short episodes of vertigo in vestibular paroxysmia that was recently documented in a patient who underwent a successful operation. MR imaging reveals the neurovascular compression of the eighth nerve

(3D constructive interference in steady state and 3D time-of-flight sequences) in more than 95 % of cases. A loop of the anterior inferior cerebellar artery seems to be most

often involved, less so the posterior inferior cerebellar

artery, the vertebral artery, or a vein. The frequent attacks of vertigo respond to carbamazepine or oxcarbazepine,

even in low dosages (200–600 mg/d or 300–900 mg/d, respectively), which have been shown to also be effective in children. Alternative drugs to try are lamotrigine, phenytoin, gabapentin, topiramate or baclofen or other non-antiepileptic drugs used in trigeminal neuralgia. Surgical microvascular decompression of the eighth nerve is the

“ultima ratio” for medically intractable cases or in exceptional cases of non-vascular compression of the eighth nerve by a tumor or cyst. The International Barany Society for Neuro-Otology currently provided the clinical criteria for establishing a diagnosis of VP as a clinical entity.