

VESTIBULAR MIGRAINE

Whilst spinning type dizziness (rotatory vertigo) usually arises from the ear, the problem can also arise from the brain itself. Vestibular migraine arises from vascular spasm affecting the balance centres in the lower brain or the artery to the ear. The problem occurs in episodes and there may be a previous history of other migraine events, with visual disturbance and ill health. The condition is thought to be triggered by a variety of influences: alcohol, hormonal, stress and fatigue. It seems more common in young women.

Characteristics

The episodes present as spontaneous rotatory vertigo, brief or more prolonged, with attendant nausea, vomiting and prostration. However there is no hearing loss and little tinnitus or other ear symptoms

Investigations generally show little evidence of ear disease; the tests can only rarely be arranged at the time of relatively brief episodes.

Treatment

Specific anti-migraine medication is appropriate. Preventative medication is taken daily, and relieving treatment (for pain and nausea) at the time. Efforts are made to avoid any known trigger factors, although these are notoriously difficult to identify.

The diagnosis is essentially based on the pattern of repetitive rotatory vertigo (<u>Middle Ear Infections</u>) without lasting other ear symptoms and without significant findings on investigation.

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