



Central West Specialists

Ear, Nose & Throat Specialist

Vestibular Neuronitis

This condition is characterised by wild rotatory vertigo in which the room spins violently. It is of sudden onset, lasts at first for a day or two, and leaves the patient very unsteady for a week thereafter. Vomiting can be severe.

The condition is due to a viral inflammation of the nerve to the **Vestibule**, one of the tiny parts of the inner ear responsible for balance. During an attack the patient lies on the side with the affected ear upper-most.

There are no hearing symptoms during an attack. If the hearing is shown to be normal and the brain and other nerves unaffected, there is no need to carry out investigations such as a CT scan. The usual course of the condition is that over six months or so there will be few attacks, each of lesser severity than the last with the interval between attacks increasing.

There is no specific treatment. During an attack, an injection of Stemetil or Phenergan in a large dose will make the patient more comfortable. Rarely, exercises designed to improve the function of the inner ear (Cawthorne-Cooksey exercises) will be required.

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