Vestibular Neuritis

Vestibular neuritis is an inflammation or irritation of the nerves of the vestibular system originating in the labyrinth of the inner ear. It is one of the more common causes of dizziness (clinically described as vertigo) and is most commonly seen in people aged 30 to 60 years. It affects both men and women equally.

Patients describe their vertigo as a sensation that either they or their surroundings are spinning, a feeling that gets worse whenever they move their head. This abnormal sensation of motion is usually accompanied by vomiting and a feeling of nausea.

These symptoms occur because the vestibular system is responsible for helping us to maintain our balance and spatial awareness and any interference to the normal flow of signals between this system and the brain is capable of upsetting our equilibrium.

Unless there is actual inflammation to the ear, itself hearing is not normally affected. When hearing is affected the condition is usually called labyrinthitis.

Vestibular neuritis is normally a short-lived condition with most patients recovering from the worst of the symptoms within a week. A complete recovery is usually after a few weeks when the inflammation has cleared up, or the brain, with the help of movement and activity and certain treatments, is able to compensate for the disturbance. However a few patients may continue to experience vertigo, related to quick movements of the head, for some time after the initial event.

RISK FACTORS

Although the exact cause of vestibular neuritis remains unknown there are many risk factors, with viral infections believed to be the most common. Some cases are seen to follow a case of the common cold while others are believed to be related to ‘flares’ of the herpes simplex (1) virus.

Other possible risk factors include:

- Toxins from bacterial infections elsewhere in the ear that are able to reach and disturb the nerves of the inner ear. In such cases a patient would also experience pain and a high temperature and should seek medical treatment.
- Head injuries have also been linked to cases of vestibular neuritis.

TREATMENT

Your doctor is the best person to recommend the course of treatment for your condition.

REPORTING SYMPTOMS

Prior to visiting your doctor you may wish to record your symptoms.

- How long have you had episodes of dizziness?
- What do you see and feel during an episode of dizziness?
- How long did the dizzy episode last?
- What were you doing prior to your dizzy episode?
- How frequently do you get dizzy episodes?

For further information about vestibular neuritis please go to www.patient.co.uk/health/dizziness