



## Benign Positional VERTIGO

### What is Benign Positional Vertigo?

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Vertigo is a sensation of the room rotating around you. It is often accompanied by nystagmus (a jumping motion of the eyes). Benign positional vertigo is one of the most common vertigo disorders seen by the otolaryngologist. This inner ear problem is caused by calcium crystals floating in the fluid of the inner ear. On position change, these crystals stimulate the posterior semicircular canal and produce, vertigo.

These floaters originate from a part of the inner ear called the utricle. Causes for crystals to break away from the utricle are: head injuries, reduced blood flow to the utricle, degenerative diseases, and viral infections of the inner ear. When you move your head a certain way, such as looking up or rolling over in bed, the crystals float past a part of the inner ear and true vertigo and nystagmus (a jumping motion of the eyes) occurs, which lasts only a few seconds.

The diagnosis is made by a compiled patient history and reproducing benign positional vertigo and nystagmus when placing the patient in the supine position with the head back or to one side. When nystagmus is observed the patient will complain of violent vertigo. In time, these crystals will remain in a dependent portion of the inner ear and eventually become encased by a thin membrane, which prevents crystals from floating in the inner ear and vertigo will stop. This process usually takes from one to twelve months to occur and symptoms are usually intermittent during this period of time.

In most cases, positional vertigo eventually ceases. Vestibular rehabilitation using positional exercises (Epley and Semont maneuvers) have been shown to be beneficial in reducing symptoms and hasten recovery.

Our vestibular rehabilitation therapists plan a home exercise program. When the symptoms persist after a twelve-month period or become incapacitating, surgery can relieve the vertigo. The procedure is called posterior canal plugging. During this procedure, the posterior canal is surgically exposed and then gently plugged with a piece of tissue so the floaters can no longer move within the canal. Fortunately, most patients have spontaneous remission of positional vertigo and do not require surgery.