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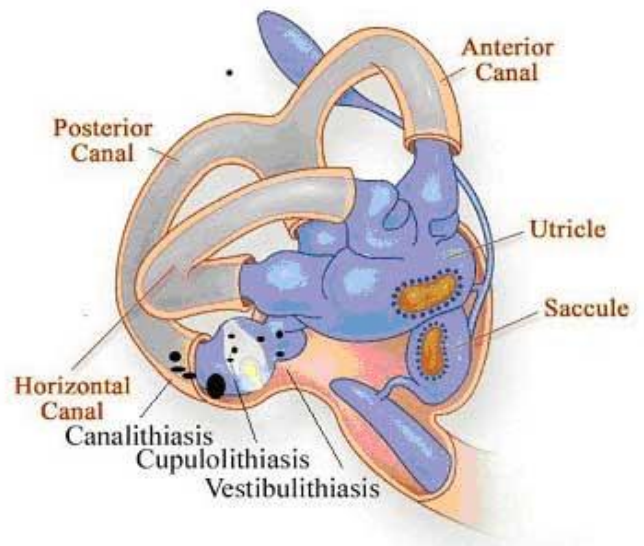
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BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV)

What is BPPV?

BPPV occurs when crystals (otoconia) which are displaced within your inner ear. They are supposed to be in a part of your ear called the utricle – sometimes they can shift into a different part of the inner ear called the posterior semicircular canal. When this occurs with certain head movements those crystals get stirred up like a snow globe. This sends incorrect signals to the brain giving you a false sensation of motion (dizziness). As the crystals settle down the spinning will go away in less than a minute, like in a snow globe.



What are the signs and symptoms of BPPV?

BPPV causes 10-30 seconds of room-spinning dizziness triggered by changes in head position. After episodes patients often feel off balance or a brain fog for a period of time afterwards. It occurs most frequently in the morning. It can cause nausea or vomiting.

Is this common?

Yes. About 25% of patients diagnosed with vertigo receive a diagnosis of BPPV. It is the most common cause of vertigo in the United States.

How is BPPV diagnosed?

Special test movements and positions are used to determine whether BPPV is present. The most common one is called the Dix-Hallpike maneuver. Based on those tests a diagnosis can be made. It cannot be seen on imaging studies like CT scans or MRIs.

How did I get BPPV?

In most cases no cause is ever found. However, there are several causes that can sometimes be identified:

- Head trauma
- Migraine
- Vestibular neuritis or labyrinthitis (inner ear or nerve infection/inflammation)
- High speed drilling or long periods lying flat – eg dental work or ear surgery

How is BPPV treated?

Special repositioning maneuvers are administered to move the crystals back to their proper place within the inner ear. These are called canalith repositioning maneuvers. Typically, we perform the maneuver in our office and refer to a physical therapist for additional work. The most common maneuver used is called the Epley maneuver, which is pictured below. It is important that it is performed in the correct direction or it can make the BPPV worse. BPPV is cured in 90% of patients within 1-3 visits with a physical therapist.

Medications such as meclizine suppress the vestibular system, so they may lead to you being less dizzy in the short term but will not solve the problem and can prolong it. It is important you do not take these prior to your physical therapy appointments. Application of cold compresses and antinausea medications can help with temporary symptom relief.

You can rest assured that even without treatment, all BPPV will go away on its own eventually. Recurrence of symptoms months or years later is common. As long as the spinning occurs with movement and subsides within a minute, it is likely the same problem. If it is lasting more than a minute, then go to the Emergency Department to make sure it is not something more serious such as a stroke or heart problem.

