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MENIERE'S DISEASE

Meniere's disease, also called idiopathic endolymphatic hydrops, is a disorder of the inner ear. Although the cause of Meniere's disease is unknown, it probably results from an abnormality in the way fluid of the inner ear is regulated. In most cases only one ear is involved, but both ears may be affected in about 15% of patients. Meniere's disease typically starts between the ages of 20 and 50 years of age. Men and women are equally affected. The symptoms may be only a minor nuisance, or can become disabling, especially if the attacks of vertigo are severe, frequent, and occur without warning.

WHAT ARE THE SYMPTOMS OF MENIERE'S DISEASE?

The symptoms of Meniere's disease typically include at least several of the following:

- 1. Episodic rotational vertigo:** Attacks of a spinning sensation accompanied by disequilibrium (an off-balanced sensation), nausea, and sometimes vomiting. This is usually the most troublesome symptom. The vertigo usually last 20 minutes to two hours or even longer. During attacks, patients are very disabled, and sleepiness may follow. An off-balanced sensation may last for several days.
- 2. Tinnitus:** A roaring, buzzing, machine-like, or ringing sound in the ear. It may be episodic with an attack of vertigo or it may be constant. Usually the tinnitus gets worse or will appear just before the onset of the vertigo.
- 3. Hearing loss:** It may be intermittent early in the onset of the disease, but overtime it may become a fixed hearing loss. It may involve all frequencies, but most commonly occurs in the lower frequencies. Loud sounds may be uncomfortable and appear distorted in the affected ear.
- 4. Ear fullness:** Usually this full feeling occurs just before the onset of an attack of vertigo.

HOW IS THE DIAGNOSIS MADE?

The diagnosis of Meniere's disease is primarily made on the history and physical examination. An audiogram is helpful to show a hearing loss, and to rule-out other abnormalities. Early in the onset of the disease, often between the attacks the audiogram will be normal. Only later it may show a permanent hearing loss. It is often helpful, if it can be done safely, to have an audiogram done during or immediately following an attack of vertigo. This may show the characteristic low frequency hearing loss.

Other tests such as the auditory brain stem response (ABR) which is a computerized test of the hearing nerves and brain pathways, computer tomography (CT), or magnetic resonance imaging (MRI) may be needed to rule out a tumor occurring on the hearing or balance nerve. These tumors are rare, but they can cause symptoms similar to Meniere's disease.

HOW CAN IT BE TREATED?

- 1. Diet & Life Style:** A low salt diet is very helpful to reduce the attacks of vertigo. In fact, a meal high in salt, may induce an attack. Avoid caffeine, smoking, and alcohol. Regular sleep

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and remaining physically active, while avoiding stress and excessive fatigue may decrease the frequency of vertiginous attacks and tinnitus.

2. Medications: A diuretic (water pill) such as Dyazide, combined with a low salt diet, is the primary treatment of Meniere's disease. Anti-vertigo medications such as Antiver (meclizine) or Valium (diazepam) may provide temporary relief during the attacks of vertigo. Anti-nausea medications (phenergan) is sometimes also prescribed. Both anti-vertigo and anti-nausea medications may cause drowsiness.

3. Surgery: If vertiginous attacks are not controlled medically and are disabling, one of the following surgical procedures may be recommended depending on the patient's situation..

- a. Endolymphatic Shunt
- b. Selective vestibular neurectomy
- c. Labyrinthectomy and eighth nerve section.

Although there is no real cure for Meniere's disease, the attacks of vertigo can be controlled in nearly all cases. If you have vertigo without warning, you should not drive, because failure to control the vehicle may be hazardous to yourself and to others. Safety may require you to forego ladders, scaffolds, and swimming.

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