VERTIGO: CAUSES, DIAGNOSIS, TREATMENT

What is Vertigo?

Vertigo accompanied with a headache is the most common neurological symptom. Vertigo is even more challenging as a greater proportion of more advanced age people, presented vertigo as the dominant symptom in many other pathological episodes, such as cardiovascular diseases.

Vertigo is defined as the illusion of movement of the patient manifested as rotation of the body, pushing or swinging sideways, forward or backward and prone to falling. These symptoms are false and most times is very annoying though are not dangerous.

Not to be confused with vertigo, feeling of dizziness that occurs in the form of the faint, fall from deafness, visual disturbances, orthostatic hypotension, panic attacks or even loss of consciousness.

Vertigo is largely labyrinthine aetiology. In the human body there are two bodies equilibrium, mazes, which are placed in each ear and send information to the brain balance centres. Such information is essential for maintaining the balance of the body and every time one of the two mazes irritated or has impaired function, imbalance of stimuli occurs and is delivered to the cortex of the brain, which interprets the movement and the effect is dizziness, rotation, unsteady gait, loss of support, accompanied by nausea and vomiting, probably.

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Typically in 80% of dizziness are due to inner ear lesions or lesions of vestibular tract, while in a lower rate due to lesions of the central nervous system (multiple sclerosis, vascular infarcts or haemorrhages brain tumours, brain abscesses, cerebellum, etc.), psychogenic causes, side effects from medications, postural hypotension, hypoglycaemia, etc.

Causes of vertigo

The causes of peripheral vertigo reasons include:

1. Vestibular neuritis. Characterized by intense vertigo and vomiting, invaded abruptly and lasts from a few days to three weeks. Any movement of the head at the beginning aggravates the symptoms and why the patient avoids any traffic. The patient often suffering or recovering from a viral infection and therefore likely to cause viral infection that affects the vestibular nerve.
2. Disease Meniere. Caused by an increase in the amount of Endolymphatic hydrops due to the increase pressure of endolymphatic fluid present in the inner ear characterized by deafness, tinnitus and vertigo. As the disease worsens, hearing loss will worsen during episodes and improve after treatment.
3. Benign paroxysmal positional vertigo. Characterized by brief episodes of intense vertigo when the patient moves to a particular position. The characteristic position is supine with the head turned to the side, so that the patient labyrinth is down. This can be effectively treated with repositioning movements such as the Epley manoeuvre conducted by an experienced audiologist seeing an improvement of symptoms in 90%.
4. Acoustic neuroma. It is a benign slow growing tumour that is characterized by unilateral hearing loss, tinnitus and vertigo. The hearing loss is progressive and involves mainly the top high frequencies.
5. Bilateral dysfunction mazes. It is a rare disorder which may be inherited or acquired.
6. Concussion of the labyrinth. Induced after a head injury and the patient may present with simultaneously fluctuating hearing loss and tinnitus.
7. Labyrinthitis. This is inflammation of the labyrinth (inner ear) and occurs as a complication of infection causing unpleasant sensations of dizziness and nausea.

Diagnosing Vertigo

To diagnose vertigo requires detailed history and neootologiko-audiology audit which will include tests causing vertigo and will usually provide data for the damaged system including: visual, vestibular, cerebella, somatosensory. Clinical examination includes examination of vestibulo-spinal and vestibulo-ocular reflex and vertigo test position.

An examination of hearing with tonal audiometry and evoked acoustic potentials of the brainstem gives us information on possible damage to the labyrinth or auditory pathway. Controlling the posterior labyrinth thermal irrigation, Electronystagmography oscillating bearing and guiding us in finding the patient labyrinth. It should be noted that the specialized tests that are done for vertigo are necessary, because these will be excluded diseases with a similar clinical picture.

The dynamic isorropometria in specific cases helps distinguish lesions of various systems of balance. These tests will help the patient to find the cause and to provide timely, appropriate treatment will improve symptoms of vertigo greatly.

Treating Vertigo

The treatment of vertigo is done with the help of medication, exercise or in rare cases, surgically.

The drugs are administered when the vertigo is acute and are usually antiemetic and vestibular sedatives. Although these drugs improve the acute symptoms, the chronic phase is worse, because

it prevents the central nervous system from developing mechanisms to balance the damage so according to the directive of the treating physician they should be discontinued.

Symptoms of vertigo despite being intensely, more often than not dangerous and can be reduced by using special exercises. The exercises are intended to cause the symptoms and help the brain to compensate for the disparate responses from the two labyrinths," educating" them to ignore stimuli that cause vertigo.

The exercises include daily repetition of movements of the head and body causing vertigo consistently slowly symptom to wane. To start effectively counteract these exercises should be performed at regular intervals for a period of at least 3 months.

Note that what is referred to as 'stomach vertigo', is substantially not. Stomach vertigo is actually a misunderstanding of the phenomenon of nausea and vomiting, which are of course related to the digestive system, but are nothing more than neuro-vegetative manifestations of vestibular syndrome.