

soton Brain Hub The 'DIZZY' patient...

What do they mean by dizzy?

Unsteadiness?

Feeling faint?

Light-headedness?

Feeling of rotation/ room spinning...

→ **VERTIGO-** can have a central or peripheral cause

	Peripheral	Central
Onset	Sudden	Gradual
Intensity	Severe	Mild
Duration	Seconds	Continuous
Neurological symptoms	None	Usually present
Hearing loss/tinnitus	May be present	None
Nausea + vomiting	Frequent, severe	Infrequent, mild

Spontaneous episodes: Acute vestibular neuronitis, cerebrovascular disease, Meniere's disease, migraine

With change in head position: acute labyrinthitis, BPPV, perilymphatic fistula, cerebellopontine angle tumour

On standing: postural hypotension

Duration

BPPV

Peripheral- often self limiting

Sudden short-lived vertigo

Elicited by specific head movements

No associated symptoms/neuro signs

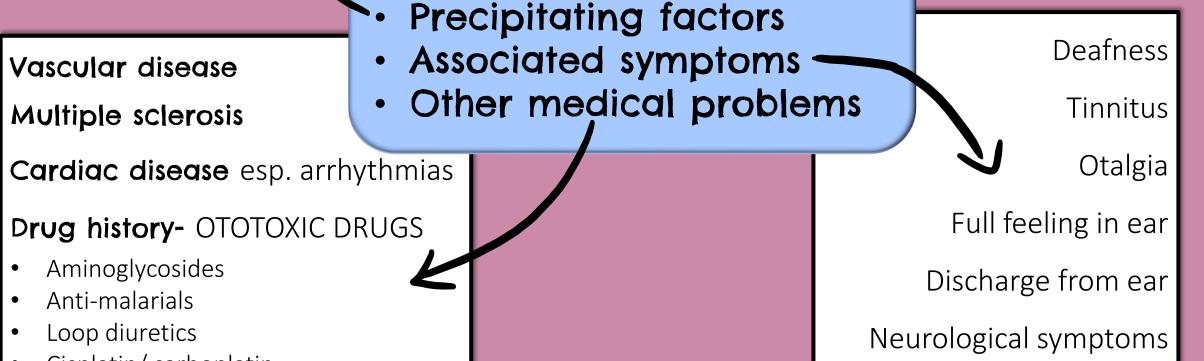
Possible causes

Diagnosis: Dix-Hallpike manoeuvre

Treatment: Epley manoeuvre

Seconds	BPPV	
Minutes- 1 hour	Meniere's disease TIA Perilymphatic fistula	
Hours	Meniere's disease Perilymphatic fistula Migraine Acoustic neuroma Endolymphatic hydrops	
Days to weeks	Labyrinthitis Migraine Multiple sclerosis Stroke	
rtigo		

<u>History for Vertigo</u> Onset and duration



Cisplatin/ carboplatin

In adults with unilateral ear symptoms (hearing loss/ tinnitus/ otorrhoea) consider **VESTIBULAR SCHWANNOMA**