Foundations Frameworks

Approach to the Vertigo

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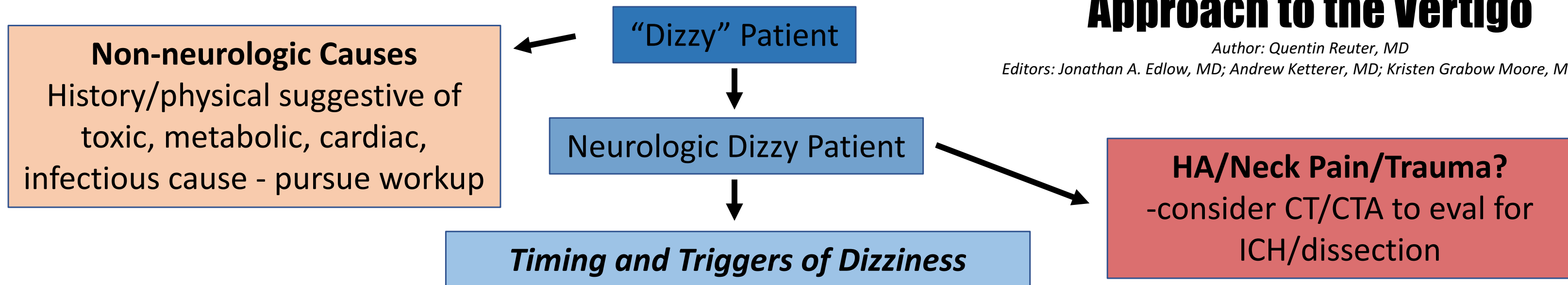

Episodic Vestibular Syndrome (EVS)

Triggered EVS

Benign: BPPV

- < 1min room spinning sensation
- Resolves with rest
- Triggered by head movement
- Positive Dix-Hallpike (reproducible, latent horizontal/rotational nystagmus

Spontaneous EVS

Benign: vestibular migraines

Dangerous: TIA

Difficult to distinguish

Acute (Continuous) Vestibular Syndrome (AVS)

Need to distinguish vestibular vs central etiology

- *HINTS exam*
- *General Neurologic Exam*:
  - focal neurologic deficits (especially CN deficits)
  - ability to sit/stand walk

Obtain MRI if patient has:

-Neurologic deficit, unable to sit/stand/walk

-Abnormal HINTS exam (in AVS patients)

-Numerous stroke risk factors

HINTS Exam

Peripheral Findings:	Central Findings:
• Abnormal head impulse	• Normal head impulse
• Unidirectional or horizontal nystagmus	• Vertical or multidirectional nystagmus
• Normal test of skew	• Vertical eye skew