FOUNDATIONS of Emergency Medicine

Foundations Frameworks

Approach to the Vertigo

Author: Quentin Reuter, MD
Editors: Jonathan A. Edlow, MD; Andrew Ketterer, MD; Kristen Grabow Moore, MD, MEd

"Dizzy" Patient

Neurologic Dizzy Patient

Timing and Triggers of Dizziness

Non-neurologic Causes
H&P suggestive of toxic, metabolic, cardiac, infectious cause → pursue workup

HA/Neck Pain/Trauma?
-consider CT/CTA to eval for ICH/dissection

Episodic Vestibular Syndrome (EVS)

Triggered EVS
Benign: BPPV
- Short episodes of 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:
- Abnormal head impulse
- Unidirectional or horizontal nystagmus
- Normal test of skew

Central Findings:
- Normal head impulse
- Vertical or multidirectional nystagmus
- Vertical eye skew