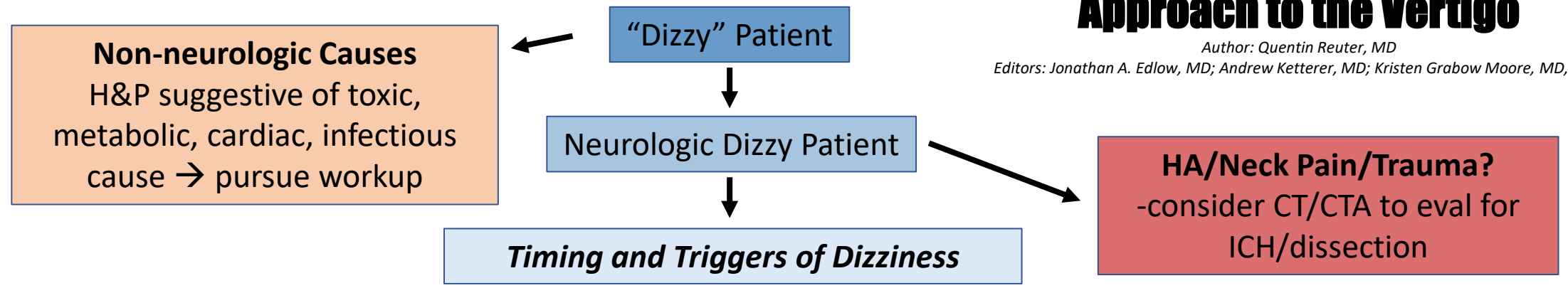




# Foundations Frameworks Approach to the Vertigo

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## 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

<b>Peripheral Findings:</b> <ul style="list-style-type: none"> <li>• Abnormal head impulse</li> <li>• Unidirectional or horizontal nystagmus</li> <li>• Normal test of skew</li> </ul>	<b>Central Findings:</b> <ul style="list-style-type: none"> <li>• Normal head impulse</li> <li>• Vertical or multidirectional nystagmus</li> <li>• Vertical eye skew</li> </ul>
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