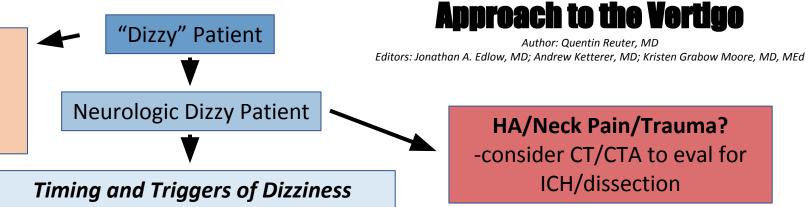


# **Non-neurologic Causes**

H&P suggestive of toxic, metabolic, cardiac, infectious cause → pursue workup



## **HA/Neck Pain/Trauma?**

**Foundations Frameworks** 

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-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-Hallpikereproducible, 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



#### 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