



Foundations Frameworks Approach to the Vertigo

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

“Dizzy” Patient

Neurologic Dizzy Patient

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

Timing and Triggers of Dizziness

Episodic Vestibular Syndrome (EVS)

Acute (Continuous) Vestibular Syndrome (AVS)

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

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