



EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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BPPV

Benign Paroxysmal Positional Vertigo, also called BPPV, is the most common cause of dizziness. Approximately 25% of people who suffer from vertigo will have BPPV.

The Benign: it is not caused by malignancy, brain or circulatory disease.

Paroxysmal: Attacks are sudden.

Positional: an attack is set off by a change of position.

Vertigo: dizziness of a spinning, falling or other sensation.

BPPV is caused by crystals in a protein matrix. The crystals are normally found on the hairs of the nerve endings, falling off and floating free in the inner ear. Thus, with an individual's motion, the crystals float around and hit the nerve endings, setting off an episode of vertigo. People often do not realize that head motion sets off vertigo because there is a delay between the motion and the onset of dizziness. The body usually absorbs these crystals and symptoms resolve spontaneously. These episodes are more common in adults but can occur at any age. There is a wide range of severity of BPPV. Sometimes the episode lasts for only a few days and is attributed to a "virus". Other times it can last for months or years. The vertigo can be mild to severe. The symptoms can be disabling, especially at first. BPPV attacks tend to come and go. They can recur frequently or never happen a second time. Each person and his BPPV are unique.

Treatment Options:

- Symptomatic treatment with rest and sea sick medication such as meclazine.
- Vestibular exercises with position changing maneuvers several times each day (Brandt-Daroff, etc).
- Canalith Repositioning Maneuver done in the office and may be repeated, (CRP).
- Semicircular Canal Surgery (rarely necessary).

Conservative treatment is usually effective. The Brandt-Daroff exercises can be done at home on a periodic basis to minimize the chance of recurrence rate with BPPV. Physical therapy can often fix the current episode.

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