

MENIERE'S DISEASE

Meniere's disease was first described over 100 years ago. Since then, we have learned a lot about the process. Since then, we have learned a lot about the process. We now know that Meniere's is a disease of fluid pressure build up in the inner ear. There are no causative factors, and it comes and goes intermittently. It usually affects one ear, but rarely can affect both.

Symptoms:

Meniere's disease usually starts with a sudden attack of severe whirling vertigo. It is commonly associated with a roaring tinnitus (head noise), hearing loss and pressure sensation in the ear. The attacks come suddenly and are unpredictable and last for several hours to days. It can lead to severe hearing loss and imbalance but is often much milder with some individuals only having one or two attacks in a lifetime.

Pathophysiology:

Theory tells us that as the pressure builds up in the endolymphatic system the membrane first stretches and then finally ruptures. That is when the sudden attack happens. If the site of the rupture is in the cochlea (the hearing organ of the inner ear) one might only have hearing loss and tinnitus with no vertigo. More rare is Vestibular Meniere's in which the rupture is in the Vestibular system and the individual only has vertigo with no hearing loss. Usually, it is a combination of hearing loss and vertigo.

Treatment:

Acute Attack: Medication such as Meclazine (Antivert), Valium, Scopalomine, etc. (meclizine is over the counter but has potential sedative side effects.)

Medical Therapy:

1. No added salt (sodium) Diet – 1.5-gram Na Diet
2. Fluid Pills such as HCTZ, acetazolamide, Dyazide
3. Control of allergies
4. Avoid caffeine, tobacco, and alcohol

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Surgical Therapy:

1. Gentamycin Installation into the middle ear or Meurette device via tube in ear.
2. Endolymphatic Sac decompression or shunt
3. Vestibular Nerve Section
4. Labyrinthectomy (destruction of the inner ear)

Surgical therapy is aimed at controlling the vertigo and does not help the hearing.

No Salt Added Diet (1.5-gram sodium)

1. Cook with no salt
2. Add no salt at the table
3. Avoid foods with visible salt such as potato chips and crackers. French fries, pretzels, and fast food.
4. Avoid the "Luncheons Meats" cured with sodium nitrate-salami, bologna, bacon, ham, hotdog, and sausage
5. Watch out for "Sauces" such as soy sauce, ketchup, barbecue sauces, marinade, etc
6. Prepared food often contains MSG or monosodium glutamate. Make sure that food is prepared with no salt or MSG.
7. Chinese food often contains MSG or monosodium glutamate. Make sure that food is prepared with no salt or MSG.
- 8 When in a restaurant, tell your waiter that you are on a no salt diet. He can advise you what is safe. Also, do not order food with sauce or gravy, and avoid "made dishes."

Some interesting websites

- www.medlinepillars.gov
- www.balanceandmobility.com
- www.vestibular.org
- www.ent.net
- www.americanheart.org
- www.webmd.com



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