Update on the diagnosis and treatment of peripheral and central vestibular disorders







Michael Strupp
FRCP, FAAN, FANA, FEAN
Department of Neurology
and
German Center for Vertigo
and Balance Disorders
University of Munich









COI

M. Strupp is Joint Chief Editor of the Journal of Neurology, Editor in Chief of Frontiers of Neuro-otology and Section Editor of F1000.

He has received speaker's honoraria from Abbott, Actelion, Auris Medical, Biogen, Eisai, Grünenthal, GSK, Henning Pharma, Interacoustics, MSD, Otometrics, Pierre-Fabre, TEVA, UCB, and Viatris.

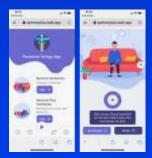
He acts as a consultant for Abbott, Actelion, AurisMedical, Decibel, Heel, IntraBio and Sensorion, and Vertify. He is a shareholder of IntraBio.

He is the distributor of

- "M glasses"



"Lagerungsschwindel APP""Positional vertigo APP"



Declaration

Videos and figures with the models and the patients are from Strupp M, Brandt T, Dieterich M: Vertigo and Dizziness - Common Complaints, SpringerNature 2023, if not otherwise indicated.

The models and the patients gave their written informed consent.



Content, learning objectives and didactic concept

The most frequent peripheral and central vestibular disorders

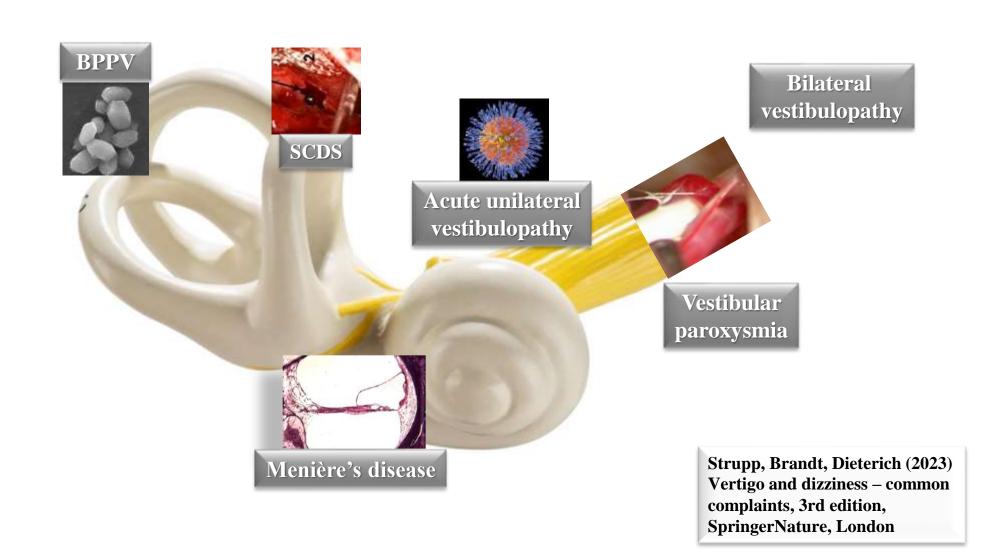
- 1. Pathophysiology and etiology
- 2. Diagnostic criteria according to the international classification
- 3. Differential diagnosis, namely acute peripheral versus acute central vestibular syndrome
- 4. Current treatment

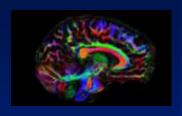
Change your attitude: Yes, I can!

Each of the diseases will be introduced by a video-quiz

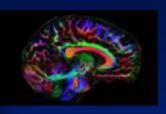
Specific references will be given with each disorder

The six most frequent peripheral vestibular disorders: acute unilateral and bilateral vestibulopathy, vestibular paroxysmia, BPPV, Menière's disease, SCDS





Three forms of central vestibular dysfunction



- 1. Main symptoms: acute onset of > 24 h lasting vertigo or dizziness: *Acute central vestibular syndrome/imbalance* brainstem or cerebellar infarction with or w/o brainstem or cerebellar symptoms/signs
- 2. Main symptoms: recurrent episodes of spinning or nonspinning vertigo or postural imbalance: vestibular migraine, paroxysmal brainstem or cerebellar attacks or episodic ataxias due to inadequate paroxysmal excitation or inhibition of the central vestibular system
- 3. Main symptoms: persisting dizziness or postural imbalance: cerebellar, extrapyramidal or brainstem dizziness ocular motor disorders, nystagmus or central signs