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What is Ménière's Disease?

Ménière's disease, also called idiopathic endolymphatic hydrops, is a disorder of the inner ear. Although the cause is unknown, it probably results from abnormal pressures in the fluids of the inner ear. Ménière's disease is one of the most common causes of dizziness originating in the inner ear. In most cases only one ear is involved, but both ears may be affected in about 15 percent of patients. Ménière's disease typically starts between the ages of 20 and 50 years. Men and women are affected in equal numbers.

What Are The Symptoms?

The symptoms of Ménière's disease are episodic rotational vertigo (attacks of a spinning sensation), hearing loss, tinnitus (a roaring, buzzing, or ringing sound in the ear), and a sensation of fullness in the affected ear. Tinnitus and fullness of the ear in Ménière's disease may come and go with changes in hearing, occur during or just before attacks, or be constant. There may also be an intermittent hearing loss early in the disease, especially in the low pitches, but a fixed hearing loss involving tones of all pitches commonly develops in time. Loud sounds may be uncomfortable and seem distorted in the affected ear. Of all the Ménière's disease symptoms, vertigo is usually the most troublesome. It is commonly produced by disorders of the inner ear, but may also occur in central nervous system disorders. Vertigo may last for 20 minutes to two hours or longer. During attacks, patients are usually unable to perform activities normal to their work or home life. Sleepiness may follow for several hours, and the off-balance sensation may last for days. The symptoms of Ménière's disease may be only a minor nuisance, or can become disabling, especially if the attacks of vertigo are severe, frequent, and occur without warning.

How Is A Diagnosis Made?

Diagnosis starts with a history of the frequency, duration, severity, and character of your attacks, the duration of hearing loss or whether it has been changing, and whether you have had tinnitus or fullness in either or both ears. You may be asked whether there is history of syphilis, mumps, or other serious infections in the past, inflammations of the eye, an autoimmune disorder or allergy, or ear surgery in the past. You may be asked questions about your general health, such as whether you have diabetes, high blood pressure, high blood cholesterol, thyroid, neurologic or emotional disorders. Tests may be ordered to look for these problems in certain cases. When the history has been completed, diagnostic tests will check your hearing and balance functions.

They may include:

- **For Hearing** - An audiometric examination (hearing test) typically indicates a sensory type of hearing loss in the affected ear. Speech discrimination (the patient's ability to distinguish between words like "sit" and "fit") is often diminished in the affected ear.
- **For Balance** - An ENG (electronystagmogram) or VNG (videonystagmogram)may be performed to evaluate balance function. Since the eyes and ears work in coordination through the nervous system, measurement of eye movements can be used to test the balance system. In a darkened room, video goggles are placed over the eyes. After looking for abnormal eye movements in various body positions, warm and cool air are gently introduced into each ear canal. In about 50 percent of patients, the balance function is reduced in the affected ear.
- **Other Tests** - The auditory brain stem response (ABR), a computerized test of the hearing nerves and brain pathways, computed tomography (CT) or, magnetic resonance imaging (MRI) may be needed to rule out a tumor occurring on the hearing and balance nerve. Such tumors are rare, but they can cause symptoms similar to Ménière's disease.

Recommended Adult Lifestyle Changes To Reduce The Frequency Of Ménière's Disease Episodes

- Avoid alcohol, caffeine, excessive fatigue, smoking, and stress
- Eat properly
- Get plenty of sleep
- Remain physically active

Treating Ménière's Disease

Preventing attacks:

A low salt diet may reduce the frequency of attacks of Ménière's disease in some patients. Some patients find benefit from drinking large amounts of distilled water. Diuretics (water pills) are sometimes used in more difficult cases. Avoid caffeine, smoking, and alcohol. Get regular sleep and eat properly. Remain physically active, but avoid excessive fatigue. Stress may aggravate the vertigo and tinnitus of Ménière's disease. Stress avoidance or counseling may be advised. If you have vertigo without warning, you should not drive, because failure to control the vehicle may be hazardous to yourself and others. Safety may require you to forego ladders, scaffolds, and swimming.

During an attack:
The best way to deal with an acute attack is to lie still in a dark room. During an attack your balance system is not able to process signals associated with normal movements, especially head motion. Minimizing these stimuli until the attack passes reduces the spinning and nausea that can occur with these episodes.

Anti-vertigo medications, e.g., Antivert® (meclizine generic), or Valium® (diazepam generic), may provide temporary relief. Anti-nausea medication is sometimes prescribed. Anti-vertigo and anti-nausea medications may cause drowsiness. Some patients report relief from VertigoHeel, a homeopathic medication which boasts no side effects.

When Is Surgery Recommended?

If vertigo attacks are not controlled by conservative measures and are disabling, one of the following surgical procedures might be recommended:
Intratympanic treatment, also known as chemical labyrinthotomy, is an office procedure in which a medicine, such as gentamicin, is injected into the middle ear. Other medicines may be used. Gentamicin is an antibiotic that causes a partial loss of balance function in the treated ear, controlling vertigo in about three fourths of cases and usually preserving hearing. Apart from a period of disequilibrium that can occur as the patient adjusts to the new level of balance function, this treatment is usually very well tolerated.
It is also significantly simpler and less invasive than other surgical treatments.
The endolymphatic shunt or decompression procedure is an ear operation that usually preserves hearing. Attacks of vertigo are controlled in one-half to two-thirds of cases, but control is not permanent in all cases. Recovery time after this procedure is short compared to the other procedures.
Selective vestibular neurectomy is a procedure in which the balance nerve is cut as it leaves the inner ear and goes to the brain. Vertigo attacks are permanently cured in a high percentage of cases, and hearing is preserved in most cases.
Labryrinthectomy and eighth nerve section are procedures in which the balance and hearing mechanism in the inner ear are destroyed on one side. This is considered when the patient with Ménière's disease has poor hearing in the affected ear. Labryrinthectomy and eighth nerve section result in the highest rates for control of vertigo attacks.