

PARTICLES OF CALCIUM CARBONATE SLIDING BETWEEN INNER EAR'S CANALS CAN BRING ON VERTIGO IN ELDERS

Dizzy? Must be dislodged ear rocks

Graphic: Abir Bhaduri

Umesh Isalkar | TNN

Pune: Mydizziness lasts only seconds or minutes.

I can bring it on by keeping certain head positions.

It feels like either the room or my body is spinning.

My dizziness is not associated with a change in my hearing or a noise in my ears.

If you undergo any of these situations, you may be suffering from a condition called benign paroxysmal positional vertigo (BPPV). It is a common cause of vertigo and dizziness and can make routine chores a nightmare.

The ailment which affects 1 per cent of the population is caused by tiny particles of calcium carbonate collected in the inner ear, say medical experts.

Persons suffering from the disorder experience a spinning or whirling sensation when they move their heads. They also report imbalance, blurred vision and nausea.

In Pune, the number of affected is nearly 40,000, but many do not realise that it can be treated easily, says neurologist Sudhir Kothari.

"Treatment involves canalith repositioning and there is no invasive therapy or

veloped new treatment techniques, written several articles and conducted instructional workshops on the disorder.

"The disorder triggers vertigo due to otoconia—tiny particles of calcium carbonate about 1 mm by 1 mm in size normally found in the inner ear. These particles get dislodged and may get into the nearby semicircular canals. In this position, they can cause a severe spinning sensation when the head position is changed as they slide back and forth within these canals," Libonati said.

Ear rocks are small crystals of calcium carbonate derived from structures in the inner ear called 'otoliths' that have been damaged by head injury, infection or other disorders of the inner ear. "Perhaps crystals form in a super saturated solution of the fluid in the inner ear. Another thought is that the inner ear tissue degenerates because of advanced age," said Libonati.

Kothari, who heads the neurology department at Poona Hospital, said the most common cause of BPPV in people under 50 is head injury. "In older people, it is degeneration of the vestibular system of the inner ear. However, in half of all cases, the disorder is 'idiopathic' which means it occurs for no reason," he said.

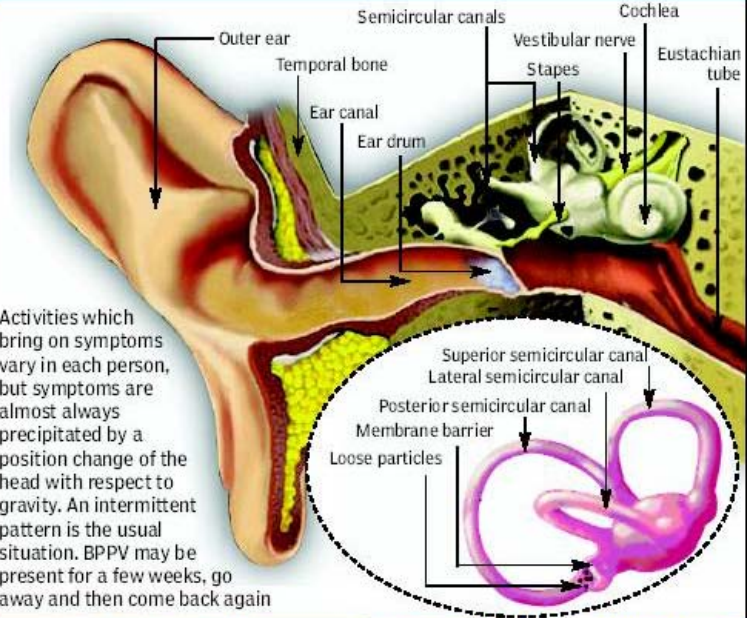
"Activities which bring on symptoms vary in each person, but symptoms are almost always precipitated by a position change of the head with respect to gravity. An intermittent pattern is the usual situation. BPPV may be present for a few weeks, go away and then come back again," he added.

The most common management is to wait, a strategy rationalised by many clinicians because the disorder is benign and self-limiting. But it can be severely incapacitating and may occur with or mask other otologic or neurologic diseases. "Diagnosis of BPPV can be made with the Hallpike test, supported by electronystagmography and/or dynamic platform posturography and vestibular autorotation tests when necessary," said Kothari.

"A device called the videonystagmography is used to detect the exact canal where these particles are moving. When a patient gets vertigo his eyes move in a particular direction and this helps the doctor decide which canal is affected. A simple head and body movement (manoeuvre) is carried out in order to move the particles out of the canals. This is canalith repositioning or particle repositioning. The patient can be treated in few minutes and without any drugs, pain or surgery," he said.

The success rate is around than 97 per cent and less than 10 experience reoccurrence. If this happens, the canalith repositioning procedures are simply reapplied with excellent results, Kothari added.

BENIGN PAROXYSMAL POSITIONAL VERTIGO
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Sudhir Kothari | NEUROLOGIST

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use of drugs," Kothari said. One undergoes head manoeuvres that move the loose particles into an area of the inner ear where they are less problematic or until they are reabsorbed.

"The disorder affects people between 50 and 60 years of age and gets more common with ageing, but it can also occur in young children," said Giacinto Asprella Libonati, an ENT surgeon from Matera in Italy who visited Poona Hospital and Research Centre recently.

"In most cases it is wrongly diagnosed as cervical spondylosis, which x-rays even in normal persons commonly throws up," he added. Libonati is a world authority in the diagnosis and treatment of BPPV. He has de-

ELDERLY ARE AT RISK

- It could be related to the ear. About 1 in 5 people who have dizziness will have BPPV
- It is self-limiting because symptoms often subside or disappear within two months and BPPV is not life-threatening
- BPPV is not the cause of all types of dizziness
- People with BPPV experience rapid involuntary eye motion called nystagmus when in a head-hanging position. The nystagmus associated with BPPV is rotatory. The top of the eye moves towards the ground, and it disappears after several seconds and the associated vertigo passes

(SOURCE: POONA HOSPITAL AND RESEARCH CENTRE, PUNE)

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