Mini-Medical School



Vertigo 眩暈(英文)

Prelude

Vertigo or dizziness is symptoms that people sometimes encounter. It is a feeling that the objects around you are unsteady and you would like to fall down, shake, or twister. It is usually not easy for patients to describe their symptoms clearly but complaining about dizziness or vertigo. Actually, dizziness is different from vertigo. Dizziness means mild dizzy, like the unsteadiness when you climb high to the top of a tall building and look down to the ground. Your body is deviating like you are going to fall. Vertigo means the other type of severe dizziness. Patients feel the objects around twister.

Sometimes vertigo happens in daily life such as motion sickness during riding vehicles or boats, or when children play the game, "turning head around". You may feel unsteadiness, nausea, and vomiting.

Vertigo is only a sign that helps discover the underlying causes and determine appropriate treatment.

Diagnosis:

Evaluation of vertigo: Attention should be paid to history taking and physical examination. History taking is mostly important for evaluating vertigo patients. Through careful tracing back medical history, the practitioner may find the causes inducing vertigo and the effective methods of treatment. Meanwhile, physical examination can provide valuable information for general diagnosis. Through history taking and physical examination, patients generally can be differentiated from otologic, cardiovascular, or cerebrovascular causes.

Common causes

1. Meniere's disease

Meniere' s disease is an inner ear disease of endolymphatic hydrops due to endolymph overproduction or malabsorbtion by unknown causes.

Typical Meniere' s disease patients have episodes of vertigo, tinnitus, and fluctuating hearing impairment. Episodes of vertigo last for minutes to hours along with nausea and vomiting.

Conditions of most patients get worse. Common causes for vertigo include: burning the midnight oil or in heavy mental stress, salty food, chocolate, coffee, and alcohol intake or cigarette smoking. Patients have to restrict water intake, use diuretics to remove excessive water in body, and take antivertigo medication. Besides. They must restrict caffeine and alcohol intake. Quitting smoking, preventing mental stress or tension are also basic principles to prevent vertigo attacks. Hence, appropriate and healthy lifestyle is also important beyond medication control. Few patients may have poor response to medication and have to receive intratympanic injection or surgical intervention.

2. Benign paroxysmal positional vertigo

Benign paroxysmal positional vertigo (so-called dropping of otolith) is caused by abnormal stimuli originated from the malpositioned otolith floating in the semicircular canal and triggered by changing head positions. Vertigo improves dramatically after using "canalith repositioning procedure" to take otolith away from semicircular canals.

3. Vertebrobasillar artery insufficiency:

If there is mild insufficiency, patients may merely suffer from transient dizziness; if the condition gets worse, vertigo, visual disorder, dysphagia, headache, slurred speech, facial numbness, hemiparesis, falling, or loss of consciousness may happened.

If elder patients, especially old diabetic patients, have predisposing factors of stroke such as hypertension or diabetic mellitus, vertigo may be an empiric sign of stroke resulting from poor circulation of cerebrovascular system caused by atherosclerosis. More careful and complete examinations are required because stroke comes with certain mortality.

4. Postural hypotension

Why this type of dizziness is different from others is actually relevant to patients' posture. The patient is normal when lying down, but may have severe dizziness when getting up or standing, and even not being able to stand well. The causes can be hypotension, anemia, hypoglycemia, or diabetic- related pathology.

5. Cerebrovascular lesions:

It usually combines with signs of cranial nerve insufficiency, like paresis of extremities, facial numbness, dysphagia, delirum, and even loss of consciousness. Extreme attention must be paid to such kind of patients, and neurologists should be consulted as soon as possible for further investigation.

What we should always keep in mind when treating dizziness and vertigo is that dizziness or vertigo is only signs instead of diseases. The underlying causes must be disclosed and then the most appropriate diagnosis and therapy can be provided.

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