Comparison of functional outcomes in complete and incomplete bilateral BV

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INTRODUCTION

Bilateral vestibulopathy (BV)

- An impaired function of both peripheral labyrinths or of the eighth nerves
- Unsteadiness
- Oscillopsia

Vestibular rehabilitation therapy: less efficient
- Daily activity are impaired
- No consensus on the prognosis

Methods. 50 patients who have been diagnosed with BV in our institution were retrospectively reviewed retrospectively between 2008 and 2012. We classified them into complete BV group (n = 19) and incomplete BV (n = 31) group according to the presence of residual VOR. Among them, 31 patients responded to telephone survey (6 in complete group and 25 in incomplete group). The patients with BV were asked about their symptoms at the time of diagnosis and at the time of telephone survey with a self-reported.

RESULTS

Etiology of BV

The etiologies of BV are showed and there was no difference of cause between complete and incomplete group (Fig. 1).

Follow-up with telephone survey

The time between the initial diagnosis and telephone survey was 26 months for 31 patients. Although there was some difference between follow-up periods among the patients, there was not significantly different among complete group and incomplete group and there was no correlation between follow-up periods and improved scores in each group (Fig. 2).

METHODS AND MATERIALS

Demography

- A single center
- 2002.09 ~ 2012.10
- Total: 50 patients
- Telephone survey: 31 patients

Diagnosis and classification

The diagnosis of BV criteria:
1. Mean peak slow phase velocity ≤ 5 °/s for each caloric irrigation on both sides
2. Summated mean peak slow phase velocity ≤ 12 °/s during 4 simulation conditions

If there were any VOR responses on rotary chair test, it regards as incomplete group, even if there were no response during caloric stimulation.

Complete BV

Incomplete BV

CONCLUSIONS

This study will help to counsel BV patients about prognosis and plan strategy of rehabilitation.

REFERENCES