Vertigo is a symptom, not a disease, and essentially denotes an hallucinatory sensation of movement. Episodes of vertigo, if fleeting in occurrence, are generally referred to as ‘dizziness’ or ‘giddiness’ but in most cases these terms are too unspecific to allow the basic cause of the symptom to be determined.

1. Causes

There are a large number of conditions in which vertigo is a symptom. The disease process can involve the peripheral labyrinth, the 8th cranial nerve, or the central connections of the 8th nerve in the brain stem, cerebrum and cerebellum.

Vertigo can be classified in many ways, but a scheme based on a careful history and investigation of symptoms and which progresses logically to the most likely cause (fig. 1), is the most practical for treatment purposes. Vertigo is usually not life-threatening but it sometimes heralds serious disease such as multiple sclerosis, intracranial tumours or focal epilepsy.

2. Treatment

A variety of drugs have been used for vertigo and those types considered most useful are given in table I. In some instances, even if the diagnosis is accurate, the drug used will depend upon the clinician’s conception of the cause of the vestibular disturbance (e.g. Meniere’s disease).

2.1 Vertigo of Sudden Onset

A sudden, severe, primary attack of vertigo in a patient less than 40 years old is usually due to a non-specific labyrinthitis or vestibular neuronitis as a sequel of bacterial or viral infection (e.g. viral upper respiratory infection, particularly of childhood) or metabolic disturbance. The vertigo is self-limited and treatment consists of initial bed-rest and oral labyrinthine suppressants such as prochlorperazine or dimenhydrinate (table I) for a few weeks. The patient may be left with a sensitive labyrinth which requires mild sedatives such as 2mg diazepam when travell-
Chronic suppurative otitis media or mastoid itis yes, then consider yes, then consider yes, then consider yes, then consider yes, then consider no, it is chronic no, it is unremitting no, it is associated with fainting?

Vertebral-spinal lesions
Cervical spine pain
Benign positional vertigo (e.g., head injury)
Migraine
Menopause
Hyperventilation
Drugs
Trauma to cervical spine
Hypertension
Orthostatic hypotension
Cardiac arrhythmias
Vertebral-basilar artery insufficiency
Acoustic neuroma
Other cerebello-pontine angle tumour
Acoustic neuroma
Infectious otitis media or mastoiditis
Meniere's disease
Chronic suppurative otitis media or mastoiditis

Is it episodic?

Are there ear symptoms?

Are there ear symptoms?

Is it positional?

Is it associated with fainting?

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