

# Vertigo: common causes

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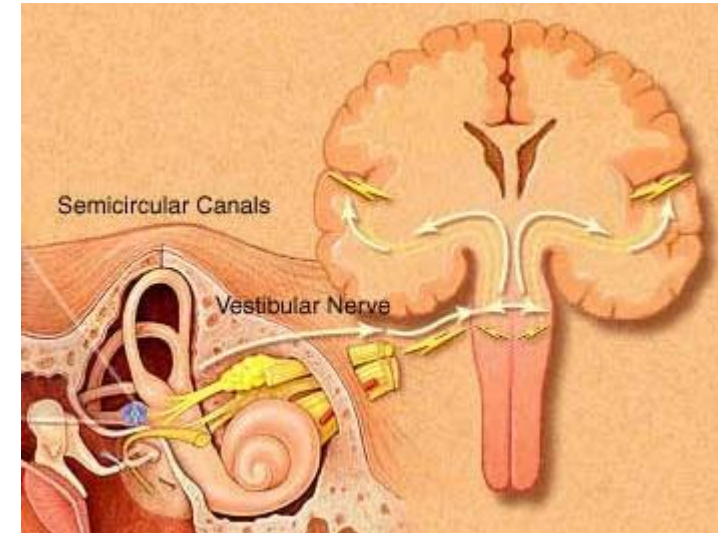
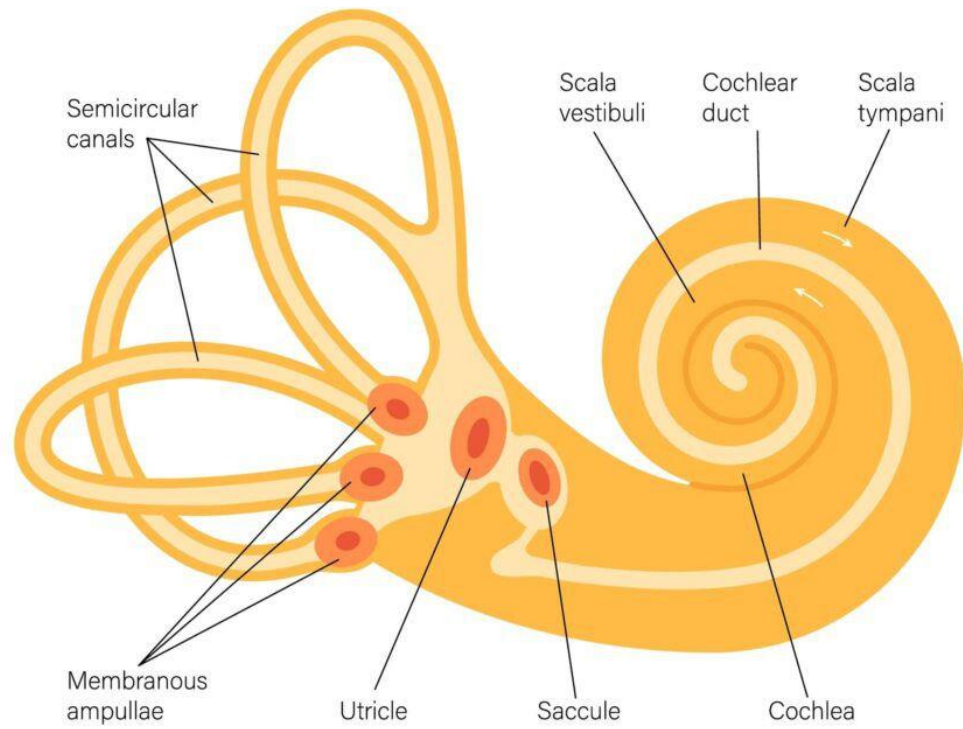
# Vertigo vs. Dizziness

- Vertigo is a symptom of vestibular dysfunction, described as a sensation of motion, most commonly rotational motion.
- ***Internal vertigo*** is a false or distorted sensation of self-motion including spinning, swaying, tilting, bouncing, and sliding.
- ***External vertigo*** is a false or distorted sensation of the surroundings, excluding bidirectional motion, which is known as *oscillopsia*.
- The feeling of being unstable without a particular direction preference while sitting, standing, or walking is ***unsteadiness***.

- ***Dizziness*** is a non-motion sensation of disrupted spatial orientation.
- Dizziness, however, is a common term used to describe multiple sensations (vertigo, presyncope, disequilibrium), each having numerous etiologies.
- the definitions do not suggest a particular disease pathophysiology.

# The Vestibular System

**VESTIBULAR APPARATUS**



# First, Characterize Symptoms

- Definition
- Direction
- Duration

## Second, Categorize Symptoms

- Acute vestibular syndromes
- Episodic vestibular syndromes
- Chronic vestibular syndromes

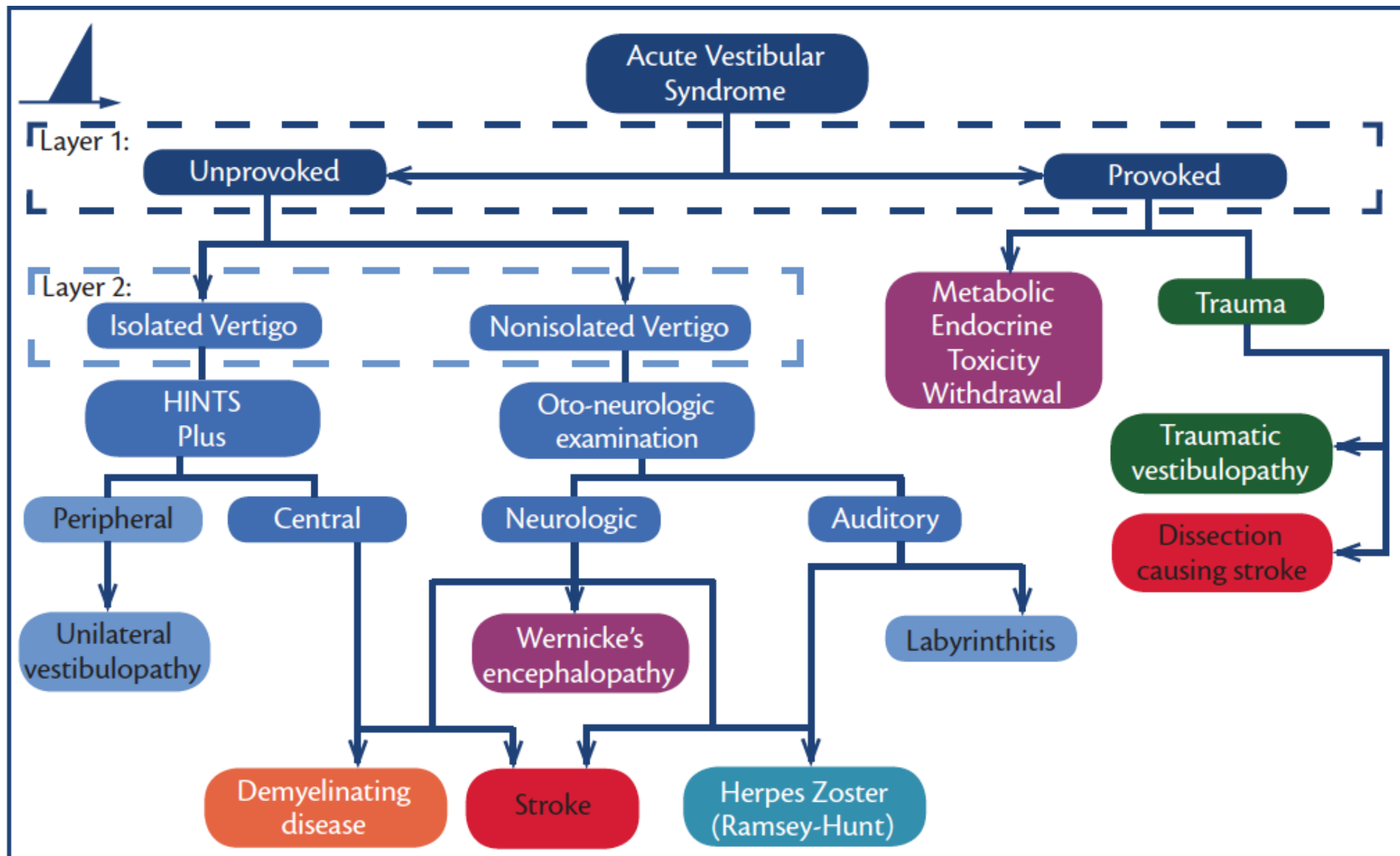
## Third, Identify Symptom Triggers

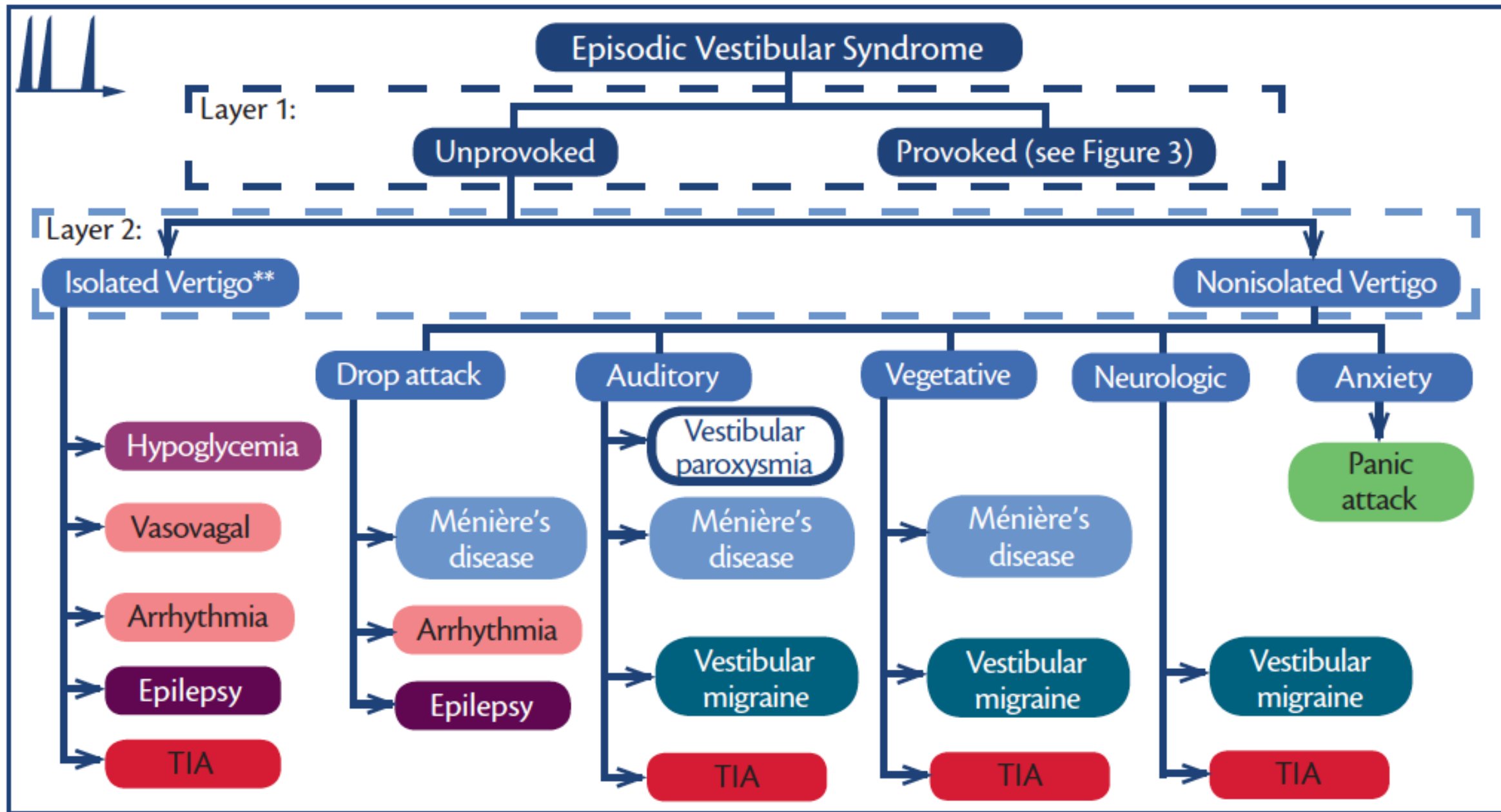
- Head Motion
- Position
- Orthostatic Change
- Exertion
- Sound
- Valsalva
- External Ear Pressure Changes

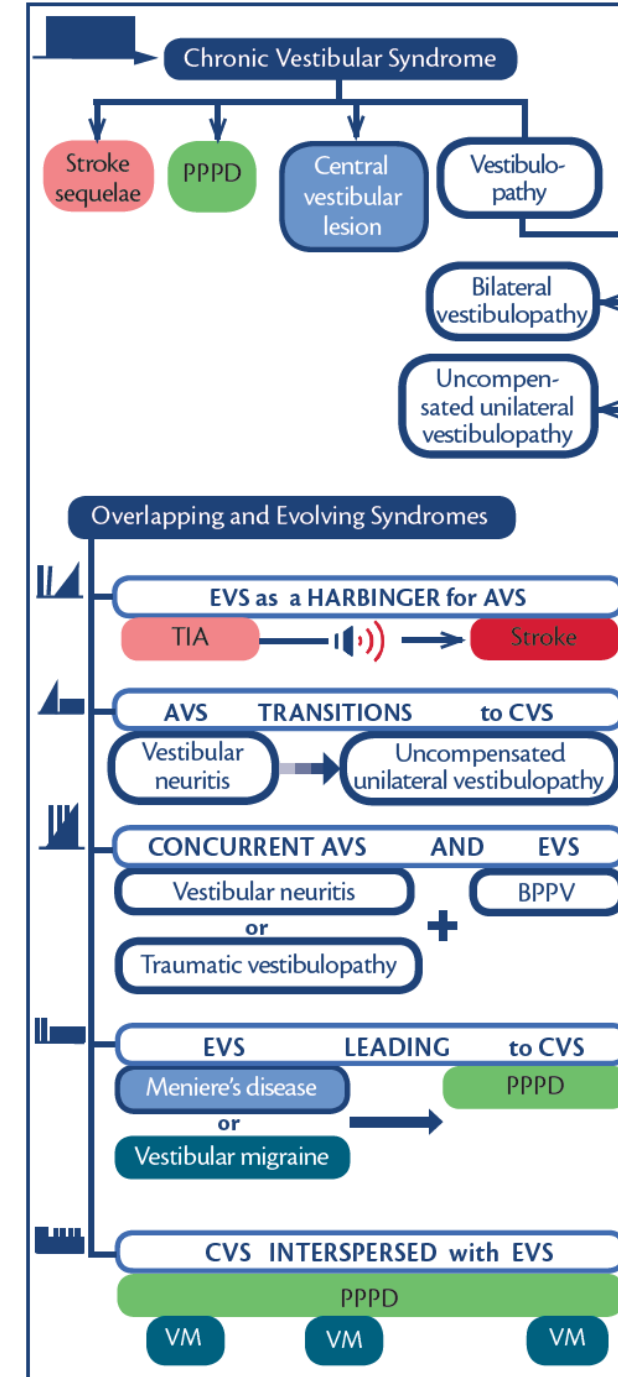
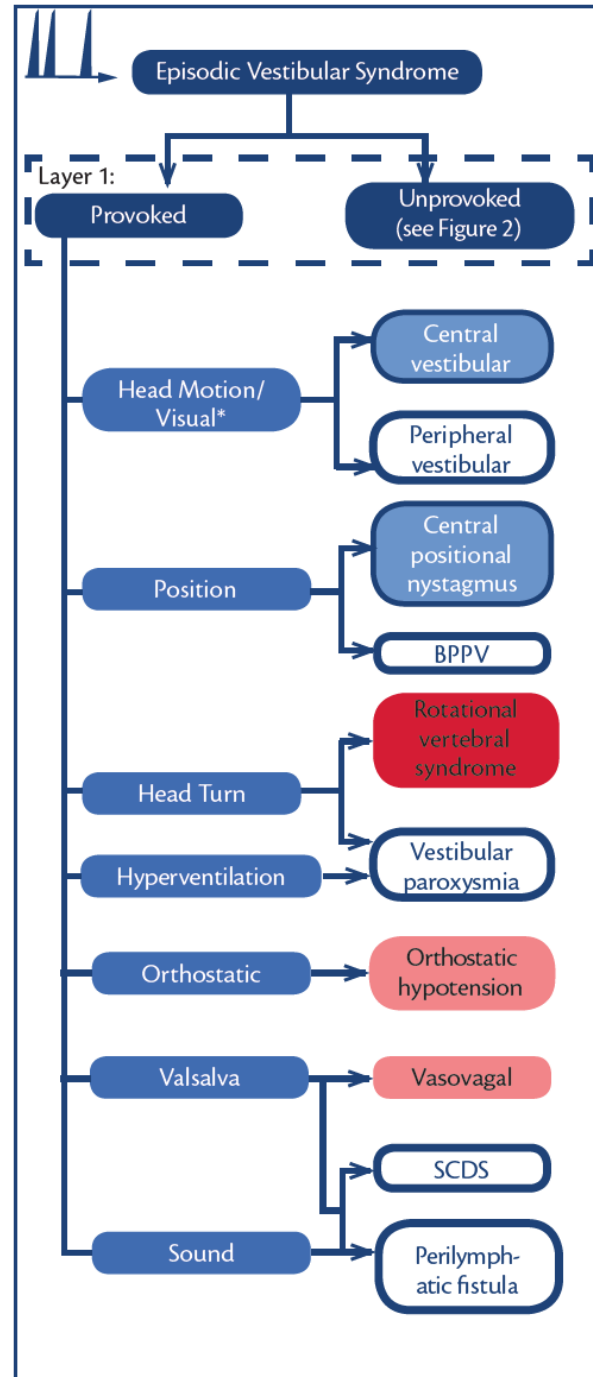
## Fourth, Assess Associated Symptoms

- Vegetative Symptoms: Nausea and Vomiting
- Auditory Symptoms: Deafness, Tinnitus and Aural Fullness
- Migraine Headache
- Neurologic Symptoms
- Autophony
- Anxiety









## Last, in Cases of Isolated Vertigo

- The most common diagnoses of AVS are vestibular neuritis and stroke (about 5%-10% of cases), which can be indistinguishable with history and general neurologic examination.
- Even MR imaging in the first 24 to 48 hours of an attack may be falsely negative in 6% to 21% of strokes.