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OBJECTIVES: The aim of this study is to evaluate the effectiveness of a new manoeuvre in the treatment of posterior canal benign paroxysmal positional vertigo (p-BPPV) based on the idea that highly accelerated endolymphatic flow may lead a mass of otoconia to collide with the walls of the posterior semicircular canal, resulting in its disintegration and/or in the expulsion of the free particles from the posterior semicircular canal.

MATERIAL-METHODS: Our study group included 146 patients with a diagnosis of p-BPPV. All patients underwent the new manoeuvre, which consisted of several high-acceleration successive head movements in the horizontal plane performed by the same physician. The results of the study group were compared with those of a sham control group of 30 patients with p-BPPV undergoing placebo treatment. The patients of both groups were reviewed in a follow-up appointment 1 month and 1 year after the initial treatment.

RESULTS: Complete resolution of symptoms immediately after the manoeuvre was observed in 92% of patients. At 1-month and 1-year follow-up assessment, all the patients in the study group reported complete relief from their symptoms compared with only 13% and 43% of control patients respectively. Recurrence of symptoms was reported in 12 patients (8%) from the study group, who responded successfully to one additional session.

CONCLUSIONS: This study establishes the efficacy of the new manoeuvre in the short- and long-term management of p-BPPV. It is a quick office procedure, usually resolving this disorder with a single session, although there some limitations in patients with underlying cervical spine pathology.

References

Vital V, Psillas G, Printza A, Vital I, Triaridis S, Konstantinidis I, Markou K, Tsalighopoulos M. An alternative manoeuvre for posterior canal BPPV treatment. B-ENT. 2010;6(1):9-13.