

DEFINITION

1. **Vertigo** is a sub-type of **dizziness** and the term is used to describe an illusion of movement, usually rotation, of either the body (or part of it) or the surroundings (the latter being sometimes referred to as **oscillopsia**).
2. **Dizziness** is a more broad term which covers lightheadedness, feelings of dissociation and feelings of disequilibrium as well as vertigo. Dizziness - other than when it is true vertigo - is generally a symptomatic manifestation of many systemic and psychiatric disorders and is not discussed in this appendix.

TYPES

3. Vertigo may be -
 - 3.1 **Physiological**, when there is a mismatch among the vestibular, visual and somatosensory systems induced by some external stimulus. In this form, vertigo is usually minimal whilst autonomic symptoms, such as perspiration, nausea, vomiting, increased salivation and yawning, predominate. Such forms of vertigo include -
 - 3.1.1 **motion sickness**.
 - 3.1.2 **space sickness**.
 - 3.1.3 **height vertigo**.
 - 3.2 **Pathological**, when there is an imbalance in the vestibular system due to a lesion within the vestibular pathways.

AETIOLOGY

4. **Physiological vertigo** is a symptomatic result of the combination of circumstances occurring at the time of the attack. Attacks cease when the combination of circumstances ceases. The condition, in essence, is a vulnerability - i.e. a predisposition - to such circumstances and thus is not an injurious process in its own right.
5. **Pathological vertigo** may result from -
 - 5.1 **neurological disease** such as multiple sclerosis, epilepsy, meningitis, encephalitis, infarction, tumour and degenerative disease. The aetiology in these cases is that of the underlying condition.
 - 5.2 **conditions affecting the blood supply** to the labyrinth and brain stem such as atherosclerosis of the vertebro-basilar arteries and cervical spondylosis causing compression of those arteries.
 - 5.3 **otological disease** such as -

- 5.3.1 **acute labyrinthitis**, the cause of which is probably viral.
 - 5.3.2 **ototoxicity** as a result of damage to the auditory system by drugs such as streptomycin and the aminoglycosides.
 - 5.3.3 **chronic bacterial otomastoiditis** resulting from middle ear infection.
 - 5.3.4 **otosclerosis**.
 - 5.3.5 **Meniere's disease**.
 - 5.3.6 **fistula of the oval and round windows** of the inner ear which can result from impact noise, deep-water diving, severe physical exertion or blunt head injury without skull fracture.
- 5.4 **Trauma** to the head, with or without fracture of the temporal bone causing the so-called **labyrinthine concussion**.
 - 5.5 **Benign positional vertigo**, sometimes referred to as **benign positional nystagmus** is by far the most common cause of pathological vertigo. This condition can result from head injury, viral labyrinthitis and vascular occlusion but, in about 50% of cases, no cause can be detected.
 - 5.5.1 The condition typically shows brief (less than 1 minute) episodes of vertigo, perhaps with a history of head trauma some days or weeks previously, occurring upon sudden changes in the position of the head.
 - 5.5.2 In the majority of cases of benign vertigo symptoms persist for several weeks, although bouts may recur over a span of years with prolonged symptom-free intervals and the patient is usually otherwise in perfect health.

CONCLUSION

- 6. **Vertigo** is essentially a symptomatic reflection of either an over-reactive physiology or of systemic, neurological or otological disease. These have been listed above. **Benign positional vertigo** is a particular form of vertigo which may follow mild head injury but in which, more commonly, a cause cannot be demonstrated.

REFERENCES

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