EAR, NOSE & THROAT CONSULTANTS Quality Hearing Aid Center

David M. Davis, MD Emeritus

Jeffrey S. Weingarten, MD
C. Bart Dickson, MD
Michael E. Stone, MD
Robert T. Standring, MD
248.569.5985
ENTforYOU.com

MENIERE'S DISEASE

What is Meniere's Disease?

This syndrome is fairly common and has been around for many years as Prosper Meniere first described it in the 1800's. The American Academy of Otolaryngology (AAO) defines Meniere's disease as a cluster of symptoms:

- 1) Vertigo this is a spinning or whirling sensation that lasts 20 mins-24 hours (Avg. 1-3 hours). This is often accompanied by nausea and vomiting
- 2) Fluctuating hearing loss this is usually low frequency, unilateral loss noted in a hearing test. Hearing loss progressively becomes permanent (over many months to years)
- 3) Tinnitus this is often a unilateral roaring that may precede or come a the same time as the vertigo and hearing loss
- 4) Ear pressure or fullness this is often present, but not needed for the diagnosis

What Causes Meniere's Disease?

Meniere's disease is thought to be due to an excess of fluid in a chamber of your inner ear due to inadequate absorption. It is also called Endolymphatic Hydrops. This buildup of fluid prevents the inner ear balance and hearing center from working correctly and the 3 major symptoms are the result. We don't know why some people get this disease and others do not. People with Meniere's disease have a weakened inner ear and are more sensitive to factors such as fatigue and stress that may influence the frequency of attacks.

How is Meniere's Disease Diagnosed?

The diagnosis is often made bases on your clinical symptoms of vertigo attacks, tinnitus and fluctuating hearing loss demonstrated on a hearing test. In many cases, more information may be needed to confirm the diagnosis such as an ENG (electronystagmogram), ECoG (electrocochleography), ABR (auditory brainstem response), MRI, or CT scan.

What should I do during an attack of Meniere's Disease?

Lie flat and still and focus on an unmoving object. Often people fall asleep while lying down and feel better when they awaken.

How can I reduce the frequency of Meniere's Disease episodes?

Avoid stress and excess salt ingestion, caffeine, smoking, and alcohol. Get regular sleep and eat properly. Remain physically active, but avoid excessive fatigue. Consult your otolaryngologist about other treatment options.

How is Meniere's Disease Treated?

Treatment for Meniere's Disease is initially targeted at decreasing fluid in the inner ear, and later targeted at the balance organs. The initial treatment is lifestyle changes and diet control.

- 1) A low salt diet under 1500mg per day. Measure your entire salt intake and consult a nutritionist if needed.
- 2) A diuretic (water pill): Dyazide this type of diuretic decreases your potassium the least, but it is still good to eat a banana or take a multivitamin with potassium daily
- 3) Anti-vertigo medications: Valium this should be taken to help quell severe vertigo attacks
- 4) Intratympanic (eardrum) dexamethasone injection—this can help acute attacks
- 5) Intratympanic gentamicin this will help the vertigo attacks 80-90%, but there is a 30% risk of hearing loss
- 6) An air pressure pulse generator: Meniett device pressure is pushed through a tube in your eardrum
- 7) Surgery There are multiple options for surgery if the above fail to relieve your symptoms.

Jeffrey S. Weingarten, M.D. C. Bart Dickson, M.D. Michael E. Stone, M.D. Robert T. Standring, M.D.

Southfield Novi **248-569-5985**

St. Clair Shores Livonia ENTforYou.com