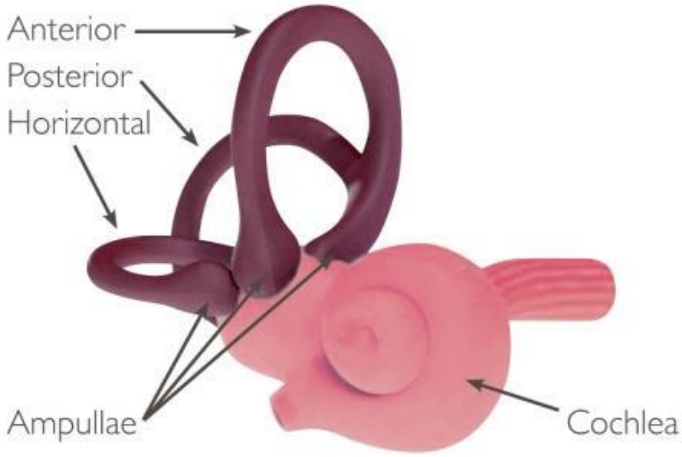
Neuronitis and Labyrinthitis

Some people's dizziness can be caused by a condition that attacks the inner ear directly. If it only affects the vestibular or balance system then it is referred to as vestibular neuronitis. If the hearing portion of the inner ear is also involved then it is referred to as labyrinthitis.

Causes

There is evidence to suggest that vestibular neuronitis and labyrinthitis can be caused by some viral and bacterial infections, such as upper respiratory tract infections or influenza, amongst others. In many cases of vestibular neuronitis or labyrinthitis no cause is ever found.



Auditory symptoms

The presence or absence of auditory symptoms is the feature that distinguishes labyrinthitis from neuronitis. If there are no auditory symptoms then a diagnosis of neuronitis is given, but if auditory symptoms are present a diagnosis of labyrinthitis is more likely.

People who have labyrinthitis will often experience a sudden, unilateral (single-sided) reduction in their hearing. They may also experience tinnitus or ringing in the affected ear.

Vestibular (balance) symptoms

Generally only one vestibular system is affected, this means that the brain is suddenly receiving an uneven input from the two vestibular systems. As a result of this sudden change the brain interprets the mismatched responses of the left and right sides as violent movement.

Most people with vestibular neuronitis or labyrinthitis report that their dizziness begins suddenly, although some people may feel off-balance for a day or two before it begins. In vestibular neuronitis and labyrinthitis the first attack is usually the most severe and often lasts for two to three days.

During attacks of vestibular neuronitis and labyrinthitis people experience spinning and will often have nausea

and vomiting. Once the spinning sensations subside people may still feel unsteady, unbalanced and veer to the side when walking.

After this initial sudden change in balance, function the brain begins to adapt to the change in input and symptoms begin to improve.

However sufferers of vestibular neuronitis and labyrinthitis may experience subsequent attacks of spinning-type dizziness, particularly following movement. These subsequent attacks are usually less severe and shorter in duration than the initial attack, but they can still be highly disturbing.