



Observational study on risk factors determining residual dizziness after successful benign paroxysmal positional vertigo treatment: the role of subclinical BPPV

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KEY POINTS:

1. Benign paroxysmal positional vertigo (BPPV) accounts for 20% of vestibular complaints.
2. Particle repositioning maneuvers often result in significant and immediate improvement in symptoms.
3. While not producing nystagmus on re-testing, persistent dizziness was documented in the 57.5% of the cohort.
4. Repeating the particle repositing procedure resulted in full resolution of the residual symptoms.
5. Physiotherapists treating BPPV with particle repositioning are encouraged to repeat the procedure on the second visit even in the absence of nystagmus on re-testing.

BACKGROUND AND OBJECTIVE:

Benign paroxysmal positional vertigo (BPPV) accounts for about 20% of vestibular complaints. Being a mechanical disorder of the semicircular canals, management consists of “mechanical” repositioning of the otoconial debris through procedures

such as the Epley maneuver. Despite successful BPPV treatments, many patients complain of residual dizziness (RD) that is described variously by patients and can be classified as non-vestibular dizziness, based on the characteristics of the disequilibrium and absence of nausea and vomiting. (1, 2, 3)

METHODS:

A prospective observational case-control study of 148 consecutive patients, focusing on the role of risk factors in determining residual dizziness after BPPV treatment.

RESULTS:

Residual dizziness was documented in the 57.5% of the cohort. Among patients with residual dizziness 36 had subclinical BPPV and after retreatment, there was full resolution of dizziness. Residual otoliths may play a role in determining post-maneuver residual dizziness that is often linked to symptomatic BPPV without nystagmus.

DISCUSSION:

Physiotherapists treating BPPV are encouraged to review patients treated with canalith reposition maneuvers within 2-3 days and repeat the procedure even if nystagmus is not reproduced on the Dix Hall Pike test.

REFERENCES:

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