Meniere’s Treatment

Although there is no cure for Meniere’s disease, the attacks of vertigo can be controlled in nearly all cases. Treatment may include:

- A low-salt, low-caffeine, NO tobacco diet and a diuretic (water pill)
- Anti-vertigo medications
- Intratympanic steroid perfusion.
- Surgery

Your otolaryngologist will help you choose the treatment that is best for you, as each has advantages and drawbacks. For most patients, careful control of salt, caffeine, and tobacco use along with the use of diuretics can control symptoms.

Intratympanic steroid perfusion is a treatment done in the otolaryngologist’s office that involves creating a temporary opening in the eardrum and placing a special type of tube that has a small wick through its lumen that is directed at the inner ear. Corticosteroid drops are then used for a period of time to control symptoms of vertigo and/or hearing loss.

For a small minority of patients where conservative measures cannot control the disabling vertigo, surgery may be an option. In this case, your otolaryngologist may refer you to a Neuro-otologist, a highly specialized surgeon that focuses solely on the ear.

For any questions regarding your condition or treatment, please do not hesitate to contact our office at...

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What is Meniere’s Disease?
What are the causes?
How is it treated?
Meniere’s Disease

Meniere’s disease describes a set of episodic symptoms that can include vertigo (attacks of spinning sensation), hearing loss, tinnitus (a roaring, buzzing or ringing sound in the ear), and/or a sensation of fullness in the affected ear. Episodes may last from 20 minutes to several hours. Hearing loss is usually intermittent, occurring mainly at the time of attacks of vertigo. Loud sounds may seem distorted and cause discomfort. Usually, the hearing loss involves mainly low pitches, but over time often affects tones of all pitches. After months or years of the disease, hearing loss often becomes permanent. Tinnitus and fullness of the ear may come and go with changes in hearing, occur during or just before attacks, or be constant.

Meniere’s disease is also called idiopathic endolymphatic hydrops and is one of the most common causes of dizziness originating in the inner ear. In most cases, only one ear is involved, but both ears may be affected in about 15 percent of patients. Meniere’s disease typically starts between the ages of 20 and 50. Men and women are affected in equal numbers. Because Meniere’s disease affects each person differently, your doctor will suggest strategies to help reduce your symptoms and will help you choose a treatment that is best for you.

Your physician will take a history of the frequency, duration, severity, and character of your attacks, the duration of hearing loss or whether it has been changing, and whether you have had tinnitus or fullness in either or both ears. Then diagnostic tests may be ordered to check your hearing and balance functions.

- **For Hearing:**
  A hearing test typically indicates a sensorineural (nerve) hearing loss in the affected ear. Speech discrimination (inability to distinguish between words like “sit” and “fit”) is often diminished in the affected ear.

- **For Balance:**
  A videonystagmogram (VNG) may be performed to evaluate balance function. In a darkened room, eye movements are recorded as warm and cool water or air are gently introduced into each ear canal. Since the eyes and ears work in coordination through the nervous system, measurement of eye movements can be used to test the balance system. In about 50 percent of patients, the balance function is reduced in the affected ear. Rotational or balance platform testing may also be performed to evaluate the balance system.

- **Other Tests:**
  Electrocochleography (ECoG) may indicate increased inner ear fluid pressure in some cases of Meniere’s disease. In addition, the auditory brain stem response (ABR), a computerized test of the hearing nerves and brain pathways and magnetic resonance imaging (MRI) may be needed to rule out a tumor on the balance and hearing nerve. Such tumors are rare, but cause symptoms similar to Meniere’s disease.

Although the cause is unknown, Meniere’s disease probably results from an abnormality in the volume of fluid in the inner ear. Too much fluid may accumulate, due to excess production or inadequate absorption. In some individuals, especially those with involvement of both ears, allergies or autoimmune disorders may play a role in producing Meniere’s disease. In some cases, other conditions may cause symptoms similar to the disease.

People with Meniere’s disease have a “sick” inner ear and are more sensitive to factors like fatigue and stress that may influence the frequency of attacks.