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Vertigo: An overview

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This work provides an overview of vertigo and its management. It is useful for students of vertigo and clinicians managing vertigo. It introduces clinicians to a systematic approach of assessing dizzy patients. Vertigo is a very difficult subject to master. The first and foremost cornerstone of managing a dizzy patient is a good history. This is followed by appropriate examination and investigations. The general practitioner is the first expert to be involved in the management of dizzy patient followed by specialists in particular otorhinolaryngologists, audiovestibular medicine specialists and neurologists and finally, allied healthcare personnel. The key concepts in assessing, diagnosing and managing common vestibular disorders are briefly described. Differential diagnosis of vertigo along with certain characteristic traits are mentioned. Etiology and pathophysiology of associated symptoms of dizziness are discussed. Importance of timing and triggering factors are highlighted. Discussion on balance and gait along with role of nystagmus in differentiating central from peripheral vertigo is done. Usage of certain specific drugs including special role of Betahistidine is mentioned. Vertigo from peripheral vestibular diseases normally improves within 2 to 3 months from a number of processes known as cerebral compensation. Here vestibular rehabilitation exercises play a very crucial part in management of a dizzy patient. Special vestibular investigations like ENG/VNG is computer based and runs a battery of tests which assess the oculomotor function of the affected patient. video head impulse test (VHIT) and vestibular evoked myogenic potentials (VEMP) are done for diagnosing vestibular neuritis. The role of traditional caloric testing and ECochG which is a variant of BSERA cannot be undermined in a dizzy patient. Newer methods to assess balance like dynamic posturography, rotatory chair are computer driven tests for analysing vision, proprioception and vestibular function. These are useful to detect malingering. Finally, summary and conclusions are drawn upon.

Biography

Debashis Acharya is presently working as Consultant ENT in PHCC (Primary Health Care Corporation) in Qatar since 2014. He is passionate about Otorhinolaryngology (ENT), completing 25 years in the field including his training period at Delhi, India. He is an ex-Indian Army Medical Corps officer (Lieutenant Colonel) and served as ENT Specialist in the forces for 12 years until 2008. He worked as a Medical Superintendent in a private medical college hospital at Gujarat, India after that for almost one year.

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