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Clinical aspects and treatment of Ménière's disease

Dauman, R.

Department of Audiology/ENT
University Pellegrin Hospital of Bordeaux
e-mail: rene.dauman@audio.u-bordeaux2.fr

Ménière's disease (MD) is an idiopathic inner ear disorder characterized by recurring attacks of spontaneous vertigo, associated with fluctuating hearing loss, tinnitus, and pressure in the affected ear. Measuring the effects of MD on patients is difficult because it is an intermittent disorder with symptoms that vary in intensity from day to day and change in character over time. The vertigo attacks are often incapacitating and may lead to chronic vestibular dysfunction. In the early stages, vertigo attacks are typically infrequent, but severe, and the hearing returns toward normal after the vertigo spell subsides. The unpredictability of vertigo attacks contributes to additional stress, which may further exacerbate the condition. In the later stages, vertigo intensity decreases, hearing remains poor, unsteadiness increases, and tinnitus may be at the foreground. There is a great variability in this typical clinical picture between patients, with some having prompt remission, while others have a progressively worsening experience with unrelenting vertigo.

The ideal treatment for MD remains uncertain. There is a general agreement that a conservative regimen consisting of reduced dietary sodium intake, education about the disorder, and use of a diuretic should be used initially. It is usually considered that for about 70% of patients the vertigo attacks diminish with time; about 30% have unrelenting vertigo despite medical therapy and may require substantial use of health care resources to control their symptoms.

Separating the effect of therapy from the cyclical natural history of MD poses difficulties for all studies of this disorder. A control group is vital to contrast the treatment effect against spontaneous improvement. Several recent randomized, double-blind, placebo-controlled clinical trials suggest that the Meniett device – which applies pressure pulses through a ventilation tube to the middle ear – is safe and effective in the short term. Some aspects of the results in the control group will be discussed here.

The final part of the tutorial will be dedicated to the analysis of the effects of endolymphatic sac surgery, which has been a controversial but non destructive option for patients with unrelenting vertigo despite medical therapy. A retrospective study on 90 MD patients, who underwent endolymphatic sac surgery between 1986 and 2004 in our department, was carried out on the basis of a quality-of-life questionnaire.

