

Vestibular neuritis and labyrinthitis

What are vestibular neuritis (or vestibular neuronitis) and labyrinthitis?

Vestibular neuritis (or vestibular neuronitis) and labyrinthitis are disorders that result in inflammation of the inner ear and/or the nerve connecting the inner ear to the brain. Generally caused by a viral infection, these conditions cause vertigo (usually experienced as a spinning sensation), dizziness, imbalance, unsteadiness and sometimes problems with vision or hearing.

In a healthy balance system, the brain combines messages sent by the balance control systems in both ears, but if one side is affected the messages from that side are distorted, causing the symptoms of dizziness and vertigo.

What do the symptoms of vestibular neuritis/labyrinthitis feel like?

Symptoms of vestibular neuritis are characterised by a sudden onset of a constant, intense spinning sensation that is usually disabling and requires bed rest. It is often associated with nausea, vomiting, unsteadiness, imbalance, difficulty with vision and the inability to concentrate.

While neuritis affects only the inner ear balance apparatus, labyrinthitis also affects the inner ear hearing apparatus and/or the cochlear nerve, which transmits hearing information. This means that labyrinthitis can cause hearing loss or ringing in the ears (tinnitus).

What causes vestibular neuritis and labyrinthitis?

The most common causes of vestibular neuritis and labyrinthitis are viral infections, often resulting from a systemic virus such as influenza ('the flu') or the herpes viruses, which cause chickenpox, shingles and cold sores. Bacterial labyrinthitis can originate from an untreated middle ear infection, or in rare cases, as a result of meningitis.

The infections that cause vestibular neuritis and labyrinthitis can resolve without treatment within a few weeks. However, if the inner ear is permanently damaged by the infection and the brain does not adequately compensate, symptoms can develop into chronic dizziness, fatigue, disorientation, as well as tinnitus and hearing loss (if labyrinthitis is the cause).



How is a diagnosis made?

If you are referred to a specialist by your GP, your condition can be diagnosed based on your medical history, answers to questions about the initial onset of the symptoms and your current symptoms, a physical examination and possibly the results of tests carried out by an audiologist, including a hearing test.

How are vestibular neuritis and labyrinthitis treated?

Vestibular neuritis can be treated with corticosteroids (a special kind of strong anti-inflammatory medication) in the early stages, and, if necessary, with medications to reduce nausea and the vertigo.

The treatment of labyrinthitis depends on the likely cause. If symptoms persist, a specialist physiotherapist can use vestibular rehabilitation exercises to retrain the brain to interpret the distorted balance messages being transmitted from the damaged inner ear.

Living with damage caused by vestibular neuritis or labyrinthitis

If your treatment involves vestibular rehabilitation exercises, it is important to continue the exercises at home for as long as you are advised to by the specialist, balance physiotherapist. To speed up your adaptation process, it is vital to keep moving, despite dizziness or imbalance, even though sitting or lying is more comfortable. The aim is to return to your previous activity, work or sport, which helps with the adaptation process, and allows the balance system to function normally.

Online support

The Vestibular Disorders Association is a US-based, patient support group. Their website contains useful information about how to understand, live with, and find support for balance disorders. Visit www.vestibular.org for more information.

More information

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