OK. I have a couple of confessions to make.

1. I have Meniere’s disease. Wow. Earthshattering isn’t it? Why else would I be writing a blog for Meniere’s Resources, Inc.? I’ve had it since 1992. It has taken my hearing and most of my balance function and my former career.

2. I also have BPPV. Benign Paroxysmal Positional Vertigo. I was diagnosed with this in March of 2015, although I have suspected it for much longer. It is an annoying little bit of my life that seems to have become chronic. I treat it with the Eply maneuver and it goes away, for maybe a week, then it is back.

Coincidence? Maybe not. At least there are a few doctors and other medical professionals who believe there may be a connection.

While researching for one of my blogs I came across an interesting part of a paper written by Dr. Timothy Hain published on American-Hearing.org. In it he was describing Meniere’s disease, from symptoms to diagnosis to treatment. In one section he states “mechanical disruption of the inner ear is also likely, with dilation of the utricle and saccule of the ear being a well-known pathological finding.”(Hain http://american-hearing.org/disorders/menieres-disease/)

This statement seems innocent enough and easy to understand. If the pathology of Meniere’s disease is that there is an excess buildup of fluid in the inner ear, the tissues and organs are going to have to swell because of the increase in volume. He goes on to say “the periodic dilation and shrinkage of the utricle is also a reasonable explanation for periodic attacks of another inner ear disorder, BPPV. “(Hain http://american-hearing.org/disorders/menieres-disease/)

Interesting, I had never considered that because I have Meniere’s disease, Meniere’s disease MAY be a cause of recurrent BPPV. Once this idea was presented to me in his article, it does make sense. BPPV is caused by the tiny crystals in your inner ear being dislodged and accumulating in other areas of your inner ear. Places they do not belong. Then when they release
from those places, vertigo. The trigger? Movement. Having Meniere’s disease, and the associated swelling of the inner ear, may actually create an easier avenue for the crystals to travel. If the semi-circular canals are dilated there is more room for the crystals to flow from where they belong to where they do not belong and back again.

And he is not alone in this idea. In an article published in 2000, Eric M. Gross writes:

“Our data, in conjunction with that of others, suggest that Meniere's disease may predispose patients to intractable BPPV. Hydropically induced damage to the maculae of the utricle and saccule or partial obstruction of the membranous labyrinth may be possible mechanisms that explain the coexistence of Meniere's disease and BPPV” (Gross et al. The Laryngoscope 110.4 (2000): 655-659).

The conclusion of the writers of this paper is that because of the damage done by Meniere’s disease, people with Meniere’s disease may be more susceptible to BPPV and the BPPV may be much more difficult to deal with.

Again, given my experience, I would tend to agree with the second part, for sure. And the idea that those of us with Meniere’s disease being more likely to have BPPV, as well, makes sense.

It doesn’t make life any easier. In fact, it may make life a bit harder. Another study showed how troubling BPPV in combination with Meniere’s disease can become. When studying how frequent BPPV may recur, Maria Del Rio and Arriaga Moisés found “a high recurrence rate of 50% in those patients with both Meniere's and BPPV” (Otolaryngology--Head and Neck Surgery 130.4 (2004): 426-429).

50% recurrence. Wow! That explains plenty. That explains why the Eply maneuver has become almost a routine part of my day. Definitely a part of my life on a regular basis, and yet another part of living with Meniere’s disease. And not a welcome part, either. It is enough to have the concern about spontaneous vertigo, but to add on to it the knowledge of recurrent positional vertigo is, well, less than desirable.

It is important to keep in mind that BPPV is NOT Meniere’s disease, or vice versa. They each exist as a stand-alone ailment and the treatment for one is not necessarily the treatment for the other. The symptoms are not the same, except for vertigo, which also is different between the two. With Meniere’s disease the vertigo is violent, causing nausea and potential vomiting. With BPPV the vertigo usually lasts a few seconds and subsides. It is most likely triggered by movement of your head, such as looking in a different direction rapidly, or changing your whole body position from upright to lying down, or lying down to upright. This is a key difference to keep in mind.

BPPV is also treatable by the use of the Eply maneuver, or other similar “Canalith Repositioning Procedure[s]” (Perez The Laryngoscope 112.6 (2002): 1104-1109).

If BPPV does become too much of an issue, medical professionals may consider some additional treatment options. One of those is a treatment used for Meniere’s disease. It will not cure BPPV, but it will attempt to make the vertigo more tolerable. That is the use of Gentimicin. In his study,
Nicolas Perez found that gentimicin, along with positional treatments “partially resolved the symptoms” (et al The Laryngoscope 112.6 (2002): 1104-1109). He further concluded that “in the context of Ménière's disease, the sequence of appearance of BPPV relative to the spontaneous episodes must be taken into account when planning the treatment for each of the disorders, which should be considered independently” (et al The Laryngoscope 112.6 (2002): 1104-1109).

The point of this whole blog is this. Don’t be surprised if at some point your doctor concludes that you may also have BPPV in connection with Meniere’s disease. There appears to be many who believe that it is quite likely that the risk of BPPV goes up when you have been diagnosed with Meniere’s disease. It is not the end of the world. It is another item you may have to learn to deal with. If you suspect that you may have BPPV, see a doctor to have it confirmed, or ruled out. If you have it, they will direct you to some type of therapist, either himself/herself, or a physical therapist, to teach you how to do the repositioning exercises. They are not that difficult to do and most can do them on their own at home. If the BPPV does become concerning, seek further medical input into the situation. They may have other treatments that can be done to remove some of the symptoms.

And be assured that you are not alone if you have both Meniere’s disease and BPPV. I have them both, as do others, because there appears to be a Meniere’s – BPPV connection.

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Figure 1: The Eply Circle (dizzinessandbalance.com)

Dennis

