What is Idiopathic Endolymphatic Hydrops? The Scoop on Meniere’s Disease.

No, I am not trying to melt your brains with big words and medical terminology. Idiopathic Endolymphatic Hydrops is the medical term for true, classic Meniere’s disease. There are diseases that mimic Meniere’s, there are known causes for the symptoms of Meniere’s, and then there is iodopathic endolymphatic hydrops (Meniere’s disease). It is important to keep this in mind as I progress through this blog and attempt to explain what it means and what it doesn’t.

Iodiopathic

The first word we need to break down is idiopathic. Just looking at you may think it means idiotic, which I will grant that Meniere’s is, but that is not what it means. In its purest definition, idiopathic means sudden or without specific cause or reason.

Many lump all people who have the classic symptoms of Meniere’s into Meniere’s disease. That would be a mistake. The medical community has a specific term for cases where the cause is known; Meniere’s syndrome. That differentiation is important when it comes to treatment plans. With Meniere’s syndrome the plan will be to treat the underlying condition, and there can be many, from endocrine imbalances to trauma to autoimmune disorders which are known. With idiopathic, the cause is not known, therefore a treatment for an underlying condition is not warranted. The fact that the cause is unknown makes it very difficult to treat and get satisfactory results, and also means the potential for cure is very low.

Endolymphatic
**Endolymph** is a fluid found only within the inner ear. It is the fluid that is the inner most fluid in the ear, both the cochlea and the semi-circular canals, or labyrinth. It is very strongly potassium chloride (KCl). It is not the only fluid in the inner ear. Also found in there, as well as many other parts of the body is perilymph. Perilymph is strongly Sodium Chloride (NaCl). The two are separated by a membranous tissue. The endolymph is the correct ionic balance to support the life of the tiny hair cells inside the labyrinth and the cochlea. The perilymph serves as a cushion for the membranous labyrinth in the semicircular canals, and it transmits the sound waves through the inner ear to the cochlea.

Endolymphatic means specifically dealing with the potassium rich fluid called endolymph.

Since endolymph is only found in the inner ear, it is important to remember what type of environment that is. The inner ear is entirely surrounded by bone. This is important when it comes to wondering why it is so hard to determine what is going on in the inner ear, as well as to what effects take place in regards to the last word of the medical term for Meniere’s disease.

**Hydrops**

Hydrops is a word that does not just exist in Meniere’s disease. The definition of hydrops is excess accumulation of fluid, or edema in some cases. My first exposure to the word hydrops occurred on our dairy farm. We had a cow that was nearing her calving date when we noticed that her lower abdomen was rapidly growing in size, and she would drink water like crazy. Every day she was larger than the previous. We had the veterinarian examine her and were told she had hydrops, and in cattle it was almost always fatal to both the cow and the unborn calf. It happens, in this case as a result of the mothers’ blood actually attacking the blood of the unborn calf, resulting in the accumulation of fluid in the uterus.

The same type of thing happens in humans, Hydrops Fetalis, as well as hydrops of the gallbladder, corneal hydrops (eye), and of course, the ear. Being there is only endolymph in the inner ear, that hydrops is known as Endolymphatic Hydrops.

**Putting it all together**

So, what does that have to do with Meniere’s disease?

Keep in mind what each term means. Idiopathic Endolymphatic Hydrops = unknown reason for the buildup of excess inner ear fluid. True Meniere’s disease.

The reason knowing this definition is important is because it explains a lot of the symptoms we experience. Aural fullness? This is caused because there is too much fluid in a place that can’t expand due to being surrounded by bone. Hearing loss? While still fluctuating it is likely caused because that pressure is compressing the tiny hair cells and when the pressure equalizes the
hair cells return to their original size and function. Tinnitus? Likely caused because of the false signals the hair cells in the cochlea are sending to the brain and its attempt to fill in the blanks with some type of sound. And of course, vertigo? There are currently 2 different views of what is the root cause of vertigo. One is that the change in pressure in the labyrinth, from excess buildup of fluid, is enough to make your balance organ send false signal to your brain, causing the illusion of either you spinning, or the room spinning. The second opinion is that the membrane separating the endolymph from the perilymph actually ruptures, causing the 2 completely different fluids to mix, which confuses the inner ear and makes it send the wrong signal to your brain, again giving the illusion of spinning.

For all practical purposes, they both may be correct, and that debate is still going on in the medical field.

**Getting to the point**

**Here is why this all matters.** If you are one of the fortunate ones to be able to find an underlying cause to the symptoms, Meniere’s Syndrome, it holds out hope that some type of treatment may lead to relief, and a possible cure. If you have no underlying cause, you have Meniere’s disease, true, classic Meniere’s disease. The prognosis and treatment options for you, and me, are not as promising.

With no known cause, there is no single treatment that is going to help. I will get into the treatments in a later blog, but for some, minimal treatments or lifestyle changes will help. For others, the road will be long and miserable until your balance system is damaged enough to not cause vertigo and nausea anymore, or the medical professionals step in and do something to accelerate that process.

**The road ahead may not be a pretty one, but at least you know you’re not on it alone.** And I hope this helps in your understanding of what you are dealing with and helps in your communicating with your care professionals.

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