



Vestibular Neuronitis

Vestibular neuronitis is an inflammatory condition of one of the inner ear balance nerves. This causes a sudden weakness of the involved balance nerve. It is thought to be caused by the virus that also causes cold sores. Sometimes, the physical exam will determine whether the condition involves the right or left side. It will present with a sudden sensation of room spinning or head spinning (vertigo). Patients may have nausea and vomiting. It is not associated with hearing loss. Patients may be limited to bed rest when it is severe. The vertigo may last for several days. It may take several weeks before balance returns to normal. It is rare for a permanent balance problem to develop but it is possible. Vestibular neuronitis is treated with prednisone and sometimes antiviral medication. Ativan may be prescribed for vertigo and promethazine for nausea/vomiting. Primary care providers usually prescribe meclizine (Antivert). Once the constant vertigo stops, it is best to avoid taking the Ativan and meclizine. These medications may slow resolution of residual balance problems. It is important to be patient regarding resolution of symptoms. Gradually increase activity as tolerated. Do not attempt to drive until appropriate. Imaging studies such as an MRI or CT scan are usually not necessary. Occasionally, balance therapy with a physical therapist may be recommended after the vertigo has stopped but residual balance problems persist. Recurrent vestibular neuronitis is not common but does occur. Labyrinthitis is a similar condition but also causes hearing loss. It is an inflammatory condition of the inner ear. It is treated with the same medications. As the vestibular neuronitis is resolving, some patients develop a secondary problem called otolithiasis. A separate otolithiasis handout is available.