



# Optimal Management of Meniere's Disease

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## Introduction

Meniere's disease is a chronic illness that affects a substantial number of patients every year worldwide. The disease is characterised by intermittent episodes of vertigo lasting from minutes to hours, with fluctuating sensorineural hearing loss, tinnitus, and aural pressure. Although there is currently no cure, more than 85% of patients with Meniere's disease are helped by either changes in lifestyle and medical treatment, or minimally invasive surgical procedures such as intratympanic steroid therapy, intratympanic gentamicin therapy, and endolymphatic sac surgery.

Vestibular neurectomy has a very high rate of vertigo control and is available for patients with good hearing who have failed all other treatments. Labyrinthectomy is undertaken as a last resort and is best reserved for patients with unilateral disease and deafness.

The purpose of this study was to analyze the clinical course and treatment flow in patients with MD

## Subjects and Method

A retrospective study was performed on 169 patients who were diagnosed as definite MD from May 2010 to May 2014 and were followed up at least 1 year. The authors investigated the course of disease and the results in our patients according to the treatment options. Several clinical parameters including frequency of vertigo, audiometry, caloric and rotation test were reviewed and analyzed according to the guideline of the AAO-HNS (1995), if necessary. Efficacy and problems after ITGM were reviewed.

## Result

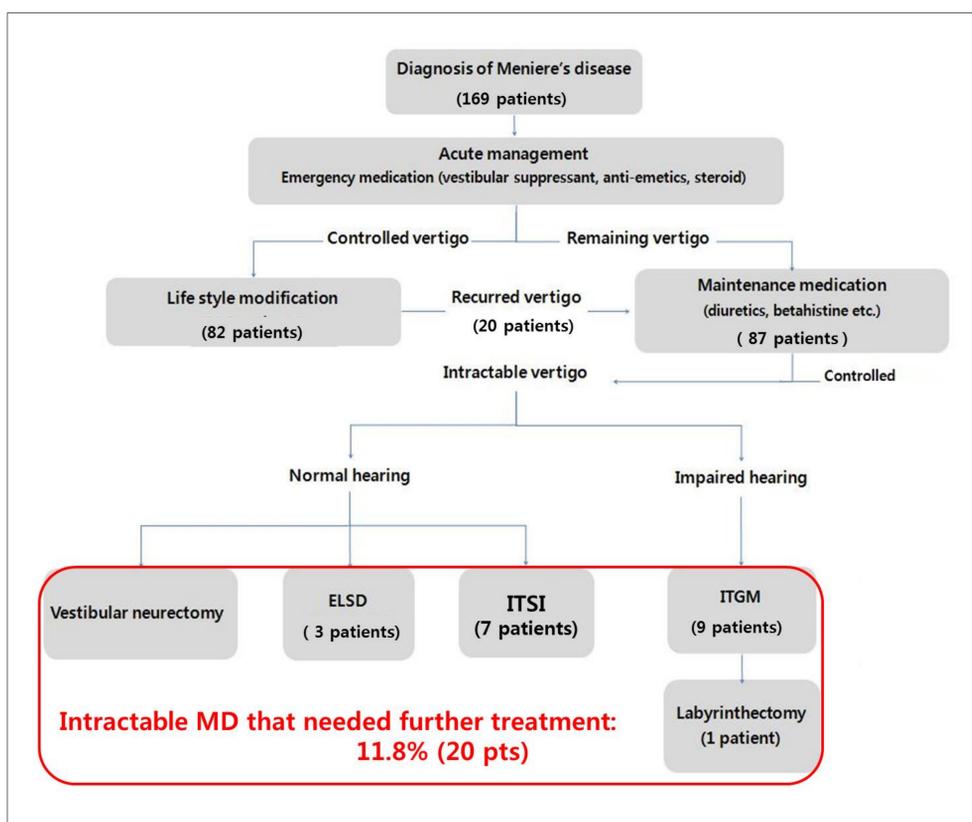


Fig. 1. Treatment flow of definite Meniere's disease.

Among 169 patients, vertigo was resolved or improved in 149 patients (88.1%) with medical management. Twenty patients needed further treatment ( endolymphatic sac decompression: 3, ITGM: 9, ITSI : 7, labyrinthectomy 1 ). Among 9 patients who got ITGM, 8 patients were followed up for more than 1 year after injection. Eight patients (88.8%) showed successful control of vertigo. The average pure-tone threshold was changed from 45 dB to 55 dB after treatment.

## Discussion

Meniere's disease (MD) is a poorly understood, disabling syndrome causing spells of vertigo, hearing fluctuation, tinnitus, and aural fullness. There are multiple treatment options to consider when managing patients with MD. MD remains a difficult disease to diagnose, especially in the early stages when not all its symptoms might be present. Patients of all ethnic and racial backgrounds have been afflicted with this chronic illness. It is true that we still do not have a cure for this disease, as with many other illnesses in medicine. However, substantial improvements have been made over the centuries in dealing with this illness, especially in the past decade, and several safe and effective medical and surgical therapies are now available to help patients cope with the disorder's sequelae. Physicians treating patients who have Meniere's disease need to remain optimistic and convey a positive attitude when dealing with patients afflicted with this illness.

Targeted drug delivery to the round window with intratympanic injections allows for local application of high concentrations of medications, largely avoiding systemic side effects. Intratympanic steroids have been shown to be effective at controlling vertigo symptoms, with less robust control rates than those seen with the use of intratympanic gentamicin. Dosing strategies have been modified over time to limit the potential for intratympanic gentamicin-induced ototoxicity.

Vertigo was controlled by supportive treatments or medication in 88% of definite MD patients. And ITGM could effectively and reasonably control vertigo for intractable MD patients.

## Reference

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