



SAPIENZA
UNIVERSITÀ DI ROMA

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Ricorrenze e recidive della VPPB

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“La Sapienza”

	<u>% Recurrences</u>	<u>Period of recurrences (mounths)</u>
<u>SEMONT, 1988</u>	<u>4,22%</u>	<u>(not defined)</u>
<u>EPLEY, 1992</u>	<u>30%</u>	<u>(min 1-max 10- mean 4,6 mo)</u>
<u>HERDMANN et coll, 1993</u>	<u>10%</u>	<u>(min 2 - max 4 - mean 3,3 mo)</u>
<u>WEIDER et coll, 1994</u>	<u>9%</u>	<u>(min 3 - max 11-mean 10,7 mo)</u>
<u>WOLF et coll, 1999</u>	<u>10,20%</u>	<u>(min 5 - max 18 - mean 8,5 mo)</u>
<u>YIMTAE et coll, 2000</u>	<u>26%</u>	<u>(not defined)</u>
<u>MACIAS et coll, 2000</u>	<u>13,50%</u>	<u>(not defined)</u>
<u>SAKAIDA et coll, 2003</u>	<u>26% for PC-BPPV</u> <u>50% for HC-BPPV</u>	<u>(60 mounths)</u>
<u>DEL RIO e ARRIAGA, 2004</u>	<u>22,60%</u>	<u>(min 15 days - max 8 mo - mean 4</u>

Recurrence in Benign Paroxysmal Positional Vertigo: A Large, Single-Institution Study.

Luryi AL¹, Lawrence J¹, Bojrab DI², LaRouere M², Babu S², Zappia J², Sargent EW², Chan E², Naumann I², Hong RS², Schutt CA².

A total of 1,105 patients meeting criteria were identified.

Of this population, **37%** had recurrence of BPPV in one ear or both ears

Recurrences that occurred after longer disease-free intervals were more likely to involve the opposite ear than early recurrences ($p=0.02$).

Female sex (40.4% versus 32.7%, $p = 0.01$) and history of previous BPPV (57.5% versus 32.4%, $p < 0.0005$) were associated with **increased risk of recurrence**

Remote recurrence is more likely to involve the contralateral ear than early recurrence.

Otol Neurotol. 2018 Jun;39(5):622-627. doi: 10.1097/MAO.0000000000001800.

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The Patterns of Recurrences in Idiopathic Benign Paroxysmal Positional Vertigo and Self-treatment Evaluation.

Kim HJ¹, Kim JS².

We defined the recurrence when patients had the redevelopment of BPPV **at least 1 week** after resolution of the previous one.

Acta Otorhinolaryngol Ital. 2017 Aug;37(4):328-335. doi: 10.14639/0392-100X-1121.

Italian survey on benign paroxysmal positional vertigo.

Messina A¹, Casani AP², Manfrin M³, Guidetti G⁴.

The survey results confirm the significant association between **cardiovascular comorbidities** and recurrent BPPV and identify them as a potential important risk factor for recurrence of BPPV

25 (OH) D3 levels, incidence and recurrence of different clinical forms of benign paroxysmal positional vertigo.

Maslovara S¹, Butkovic Soldo S², Sestak A³, Milinkovic K³, Rogic-Namacinski J⁴, Soldo A².

The average **serum level of 25-OH D3** among respondents was 20.78ng/mL, indicating a lack or insufficiency of the aforementioned 25-OH D3. According to the levels of 25-OH D3, most patients suffer from deficiency (**47.5%**).

A significant difference **was not found** in the serum level of 25-OH D3 between patients with and without benign paroxysmal positional vertigo recurrence.

ORIGINAL ARTICLE

**Idiopathic Benign Paroxysmal Positional Vertigo (BPPV):
Recurrent Versus Alternating Relapses**

Giovanni Ralli, Francesca Atturo, Sara Cisternino, Annarita Vestri

Among 180 patients with BPPV afferent to the ENT clinic of the University of Rome "La Sapienza", we selected patients with idiopathic BPPV observed by us from their **first attack** of disease.

The definition of relapse, according to Epley , included any new attack that occurred at least one month after the previous BPPV crisis.

Subjects with relapses were divided into two groups: the first group was composed of patients with a relapse in the same side (**recurrent BPPV**); the second group included patients having non simultaneous bilateral relapses (**alternating BPPV**).

Relapses of BPPV was observed in 23 patients (37.7%).

The mean age of this group was 56,13 years;

No statistical differences in age, sex and migraine presence was found between relapsing and non-relapsing patients

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A total of 1,105 patients meeting criteria were identified.

Of this population, 37% had recurrence of BPPV in one ear or both ears.

Recurrences that occurred after longer disease-free intervals were more likely to involve the opposite ear than early recurrences (p=0.02).

In 9 patients relapse occurred in the same side of the first attack (**recurrent BPPV**) while in 12 patients the contralateral labyrinth (**alternating BPPV**) was affected. In 2 patients (8.7%) **simultaneous bilateral** involvement was observed.

In the recurrent BPPV group, the first relapse occurred after a mean time of **24 months** (min 2, max 94, median 7), while in the alternating BPPV group it occurred after a mean time of **42 months** (min 5, max 105, median 39) (Figure 2).

Many patients reported that the symptoms of the relapse attack were not as severe as the first episode.

Within 12 months, patients in the recurrent BPPV group had a **73%** relapse rate, while patients in the alternating BPPV group had **a 25%** relapse rate.

The log-rank test revealed a significant difference in the time of recurrence between the two groups ($p=0.009$)

An Analysis of Vestibular Evoked Myogenic Potentials in Patients With Benign Paroxysmal Positional Vertigo

Annals of Otolaryngology, Rhinology & Laryngology
2014, Vol. 123(10) 686–695

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Sertac Yetiser, MD¹, Dilay Ince, MA¹, and Murat Gul, MS²

However, the persistence or recurrence of symptoms has an effect on VEMP results since it has been detected that patients with a longer duration of symptoms or recurrences had significantly longer p1 latency compared with those having shorter duration of symptoms.

Vestibular evoked myogenic potential is a useful tool to study the otolithic function in patients with BPPV and should be included in the test battery.

ORIGINAL RESEARCH ARTICLE

Open Access

Evaluation of the utricular and saccular function using oVEMPs and cVEMPs in BPPV patients



Hui Xu^{1†}, Fa-ya Liang^{2†}, Liang Chen^{3,6†} , Xi-cheng Song³, Michael Chi Fai Tong⁴, Jiun Fong Thong⁵, Qing-quan Zhang³ and Yan Sun³

An increased occurrence of abnormal c/oVEMP recordings appeared in BPPV patients, possibly as a result of degeneration of the otolith macula.

oVEMPs were more often abnormal in BPPV patients as compared to cVEMPs, suggesting that utricular dysfunction may be more common than saccular dysfunction.

Furthermore, oVEMP abnormalities in the recurrent BPPV group were significantly higher than those in the non-recurrent BPPV group. Assessment of c/oVEMPs in BPPV patients may therefore be of prognostic value in predicting likelihood of BPPV recurrence.



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