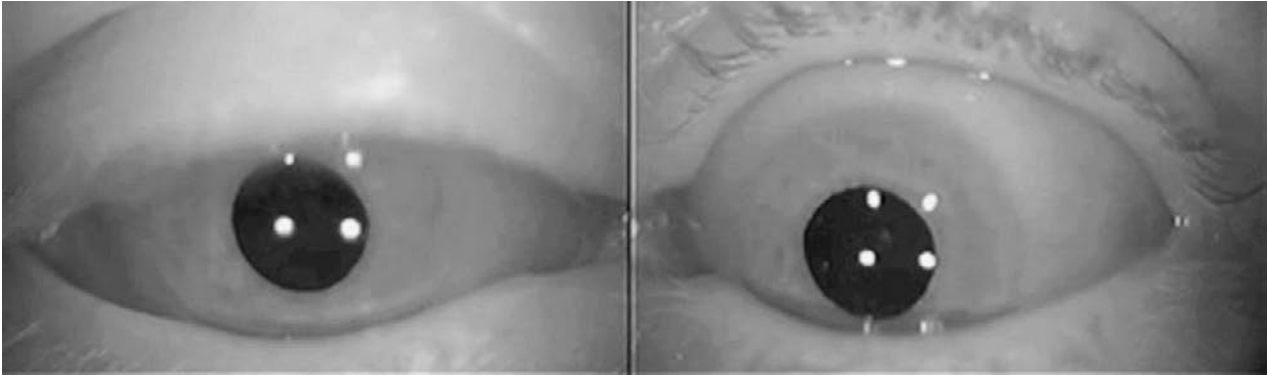


## Benign Paroxysmal Positional Vertigo



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**B**ENIGN PAROXYSMAL POSITIONAL VERTIGO IS A COMMON PERIPHERAL vestibular disorder. It is caused by loose otoconia, which detach from the utricular macula and fall into any one of the three semicircular canals. Patients report brief episodes of rotary vertigo triggered by changes in head position. The most common form of the disorder affects the posterior semicircular canal and is diagnosed with the Dix–Hallpike maneuver. A positive Dix–Hallpike test is manifested as upbeating torsional nystagmus with a fast component that rotates toward the undermost ear (video). This nystagmus may be seen with the unaided eye but is often more pronounced if fixation is eliminated with the use of Frenzel lenses or video-oculography goggles. Treatment of benign paroxysmal positional vertigo is directed at returning the displaced otoconia to their proper location in the inner ear. Various effective particle-repositioning maneuvers have been developed and are curative in most cases.

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