

# Meniere's disease

## Key concepts

- increased endolymphatic pressure
- clinical triad: vertigo, tinnitus & fluctuating hearing loss
- surgical options for the failure of medical management include endolymphatic shunt or selective vestibular neurectomy

Probably due to a derangement of endolymphatic fluid regulation (a consistent finding is endolymphatic hydrops: increased endolymphatic volume and pressure with dilatation of endolymph spaces), with resultant fistulization into the perilymphatic spaces.

## Surgical treatment

Reserved for incapacitating cases refractory to medical management. When functional hearing exists, procedures that spare hearing is preferred because of the high incidence of bilateral involvement.

Procedures include:

1. endolymphatic shunting procedures: to the mastoid cavity (Arenberg shunt) or to subarachnoid space. Reserved for cases with serviceable hearing.  $\approx$  65% success rate. If symptoms are relieved  $\geq 1$  year, then a recurrence would be treated by shunt revision, if  $< 1$  year then vestibular neurectomy
2. direct application of corticosteroids to the inner ear
3. nonselective vestibular ablation (in cases with a nonserviceable hearing on the side of involvement)
  - a) surgical [labyrinthectomy](#)
  - b) middle ear perfusion with [gentamicin](#)
  - c) translabyrinthine section of the 8th nerve
4. selective vestibular neurectomy, in cases with serviceable hearing.

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