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ENDOLYMPHATIC HYDROPS = MENIERE'S DISEASE (SYNDROME) A guide for Mr Watson's patients

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition.

If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand, please make another appointment with Mr Watson so your questions may be further discussed.

Endolymphatic Hydrops which is a variant of Meniere's Syndrome or disease as it is known, causes a number of symptoms, but the hallmark problem is of vertigo. There is an important distinction to be made between Endolymphatic Hydrops and Meniere's Disease (Syndrome). Meniere's Disease (Syndrome) typically has a number of requirements.

These are:

- 1 Episodic attacks of vertigo (rotatory) meaning that you see the world spinning around you.
- 2 Hearing loss in one ear.
- 3 Tinnitus (noise heard in the ear).
- 4 A full sensation (blocked ear).

The symptoms are often preceded by an Aura. That is, lesser symptoms of the above occur, usually 15 minutes or up to an hour prior to the vertigo occurring. Typically the attacks last between 24 minutes to 24 hours.

Endolymphatic Hydrops by distinction does not require all of the above clinical effects. Endolymphatic Hydrops implies an increase in pressure within the inner ear of which results in vertigo. The treatments are the same for both conditions. The treatment aims to reduce the pressure within the inner ear and hence reduce the frequency and the severity of the attacks.

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There are many possible causes of Endolymphatic Hydrops:

- 1 Genetic factors.
- 2 Viral infection of the inner ear, possibly the Herpes virus and others.
- 3 Trauma to the inner ear.
- 4 Auto immune (that is where antibodies are made by your body which tends to attack the inner ear tissues).
- 5 Abnormal salt and water balance control (metabolic problems).
- 6 Infection states of the middle ear or inner ear, numerous infections including bacterial, viral and Syphilis is a cause of hearing loss and vertigo.
- 7 Otosclerosis.
- 8 Psychosomatic and personality features.

The Symptoms

1 Vertigo

Vertigo is the sensation of the world spinning around you. It is extremely distressing and often associated with nausea, vomiting and diarrhoea. The vertigo is most severe at the beginning of the attack. It is also most severe with movements of the head.

During the attack, the patient classically does not lose consciousness (faint). The patient does not suffer from neurological deficit such as paralysis of the body, loss of speech. Blurred vision however may result due to the eyes undergoing movements during the attack (Nystagmus).

2 Hearing Loss

Hearing loss is a cardinal feature of Meniere's Disease (Syndrome), but is not always associated with endolymphatic hydrops. The hearing loss typically fluctuates and becomes worse with time and worse with the attacks. The hearing loss may be associated with the attack of vertigo only and the hearing may return to normal thereafter. The hearing loss is usually in the low frequency range or both low and high frequency range sparing the mid range frequencies. This is an important consideration as speech is usually more in the mid frequency range.

3 Tinnitus

Tinnitus (noise heard within the ear) is extremely variable. It may be continuous or intermittent. It is generally not pulsatile in nature. Early in the disease the tinnitus is loud, but later the tinnitus reduces in intensity.

4 Fullness in the Ear

The patient may feel the ear to be blocked. They may interpret this as something within the ear canal such as wax or water, but it is not within the ear canal, it is a sensation that is coming from deep inside the inner ear.

Assessment

A number of tests will be done at Mr Watson's rooms to establish the diagnosis. The history is essential for the diagnosis. Another test such as ECoG (Electrocochleography) is the best test to help with the diagnosis. This is available through Mr Watson's rooms. Blood tests may also be done for further investigation.

Treatments

1 Medical

Medical treatments are these of which are non-operative such as medications.

2 Surgical

The surgery falls into two groups, surgery that preserves the hearing in the patient and those that cause destruction of the hearing in the patient.

The medical treatment is the foremost treatment of Endolymphatic Hydrops. Explanation and reassurance is by far the most important of all. With understanding of the condition, the stress will be relieved and as a result the episodes of vertigo will become less frequent and less severe. When you see Mr Watson and have had the diagnosis established, an explanation and a teaching session will be provided, not only with Mr Watson but also with his Audiologists. The team of Audiologists who work with Mr Watson provide valuable information and handouts of which will help you tremendously with coping with your symptoms.

Symptomatic relief is required during acute episodes. When the vertigo occurs, various medications can be used. These include:

- Stemetil – this is a medication to reduce the nausea and vomiting
- Antihistamines, such as Phenergan
- Sedatives, such as Valium

Preventative Treatment

By far the most important treatment to prevent the episodes of vertigo is the institution of a low salt diet. If salt is reduced in the diet, then the pressure is reduced within the ear, and as a result there is a reduction in symptoms. We live in a world of processed food and any food that has a shelf life has a preservative. Salt is the main stay preservative. Reducing salt added to our food and buying foods with a lower salt content will help with our general salt and water balance and hence with the symptoms (see list of foods related to endolymphatic hydrops on website).

Other Medications Provided to Prevent Attacks from Occurring:

Serc

Serc is a medication given at approximately 16mg twice a day to reduce, not only intensity of the dizziness, but prevent the ongoing episodes. As the attacks resolve, Serc can be either reduced or stopped. It is a very useful medication to use to reduce the symptoms.

Moduretic (Diuretic)

This is a tablet to take water away from the body. Being a 'water tablet', it can cause more toilet visits.

Operations

Several operations can be done with varying results for Endolymphatic Hydrops (Meniere's Syndrome). These are divided into hearing preservation that is no change in hearing, and also those of hearing denervation (loss of hearing). Examples of the hearing preservation include the insertion of a grommet (see website), or Endolymphatic Sac decompression and examples of hearing denervation operations include Labyrinthectomy.

The most common and best form of surgical treatment currently is Gentamicin injection of the middle ear. Gentamicin is an antibiotic that has been found to reduce the incidents of vertigo when injected to the middle ear. It's side effect however, is that it causes hearing loss and therefore comes under the category of a hearing loss operation. The hearing loss is variable and does not mean that total hearing loss will occur. The decision however to proceed with this operation, depends very much on the history of the patient and the audiological (hearing test) findings. This will be discussed further with you by Mr Watson (see Gentamicin Injection handout on website).

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

This information cannot be copied or reproduced unless authorised by Mr. Glenn Watson

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