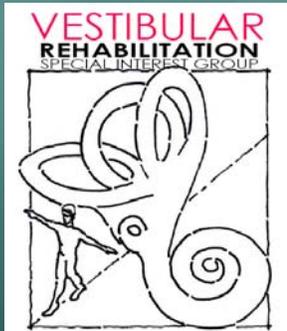


FACT SHEET



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What is BPPV?

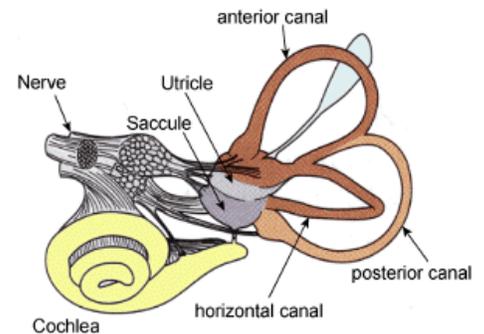


What is BPPV?

Benign paroxysmal positional vertigo (BPPV) is an inner ear problem that causes short periods of dizziness when your head is moved in certain positions. It occurs most commonly when lying down, turning over in bed, and looking up. This dizzy sensation called *vertigo* usually only lasts a few seconds up to a minute, but often makes you feel like the room is spinning around you. It may also make you feel lightheaded, off balance, and nauseous.

What causes BPPV?

BPPV is thought to occur because of debris, which some call “ear rocks”, that moves from one part of the inner ear to another. These “ear rocks” are called *otoconia* and are calcium carbonate crystals that are supposed to be attached to a part of the inner ear called the *utricle*. In BPPV,



they become loose and go into one of the *semi-circular canals* (usually the posterior canal) (See Figure). When you move your head a certain way, the crystals move inside the canal, irritate the nerve endings, and you become dizzy.

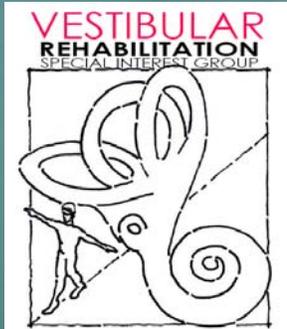
How is BPPV treated?

Most people (85%) recover from BPPV with a simple neck maneuver performed by their physician or physical therapist designed to move the crystals from the canal back into the area where they came from (the utricle). The most common maneuver designed to fix the problem is called the Epley maneuver, which involves moving the head through a series of 4 positions, staying in each position for about 30-60 seconds. Another maneuver is called the Semont maneuver, which involves rapidly moving the body from lying on one side to lying on the other. In some cases, you may be asked to perform a set of exercises called Brandt-Daroff exercises which are to be performed several times per day for several days. These exercises have not been shown to prevent BPPV and may worsen the symptoms, so this is not the preferred way to treat BPPV.



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What is BPPV ?



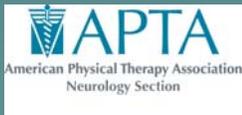
Why does my BPPV keep coming back?

There are a couple theories about why BPPV can return: 1) new crystals break off, get into the canal, and cause symptoms again, or 2) you may dislodge loose crystals by placing your head in a certain position. Usually, the maneuvers discussed above are repeated to make symptoms better and are effective for most people. In a very few cases that cannot be managed with these maneuvers, a surgical procedure called a “posterior canal plugging” may be considered, but is usually a last resort and *rarely* ever done.

References:

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