

A 56 year old gentleman attends the ED with vertigo. He feels as though the room is spinning and he has intractable vomiting. When you enter the room he is lying still on the bed, every time he moves his head he feels like he is going to fall and vomits. He has no previous medical illnesses and until this morning he was well except for a minor upper respiratory tract infection.

What is the likely diagnosis?(1)

*Viral labyrinthitis*

Give 8 other causes of vertigo. (4)

*Menieres disease (vertigo, tinnitus and deafness)*

*Benign positional vertigo (elderly, lasts approx 2 mins with positional change)*

*Otitis Media*

*Acoustic neuroma (giddiness more than vertigo V, VI and VIII nerves plus ipsilateral cerebellar signs, loss of corneal reflex)*

*CVA*

*Cholesteatoma*

*Trauma*

*Wax or FB in the ear*

*MS*

*Alcohol intoxication*

*Ramsay Hunt*

You examine the patient and identify no evidence of a central cerebellar lesion.

What are 6 signs of cerebellar involvement?(3)

*Dysarthria / dysdiadochokinesis*

*Ataxia, truncal*

*Nystagmus*

*Intention tremor / past pointing*

*Staccato speech*

*Hypertonia / hyperreflexia*

Name 2 drugs, with doses which you could use for this patient (2)

*Prochlorperazine 5mg PO, 3mg Buccal or 12.5mg IM*

*Betahistine (SERC) 8mg PO*

*Cyclizine 50mg PO/IM/IV*