

The Big 3 of Vertigo: Initial approach to the diagnosis of acute vertigo Practical tips

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What to do?

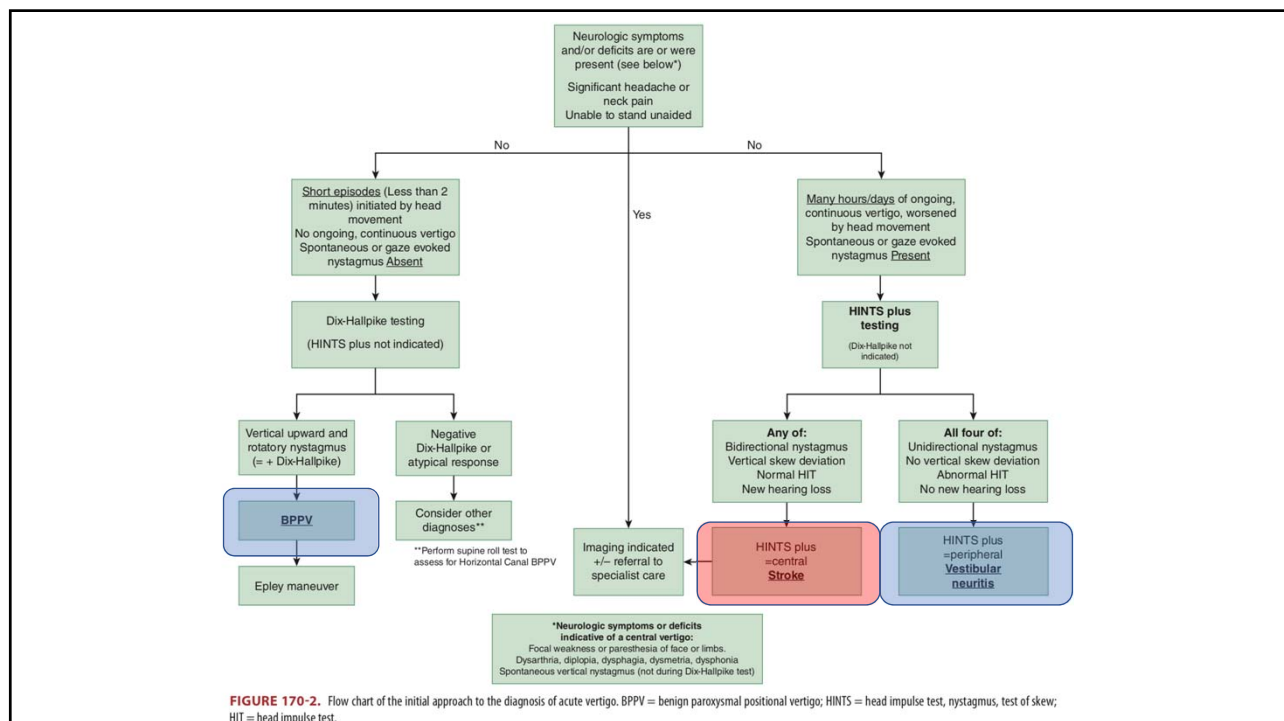
- a) Dix-Hallpike test
- b) CT and/or MRI
- c) HINTS plus exam
- d) Consult neurology
- e) Put down chart, pick up another one

The Big 3 of Vertigo

BPPV

Vestibular neuritis

Cerebellar/brainstem stroke syndromes



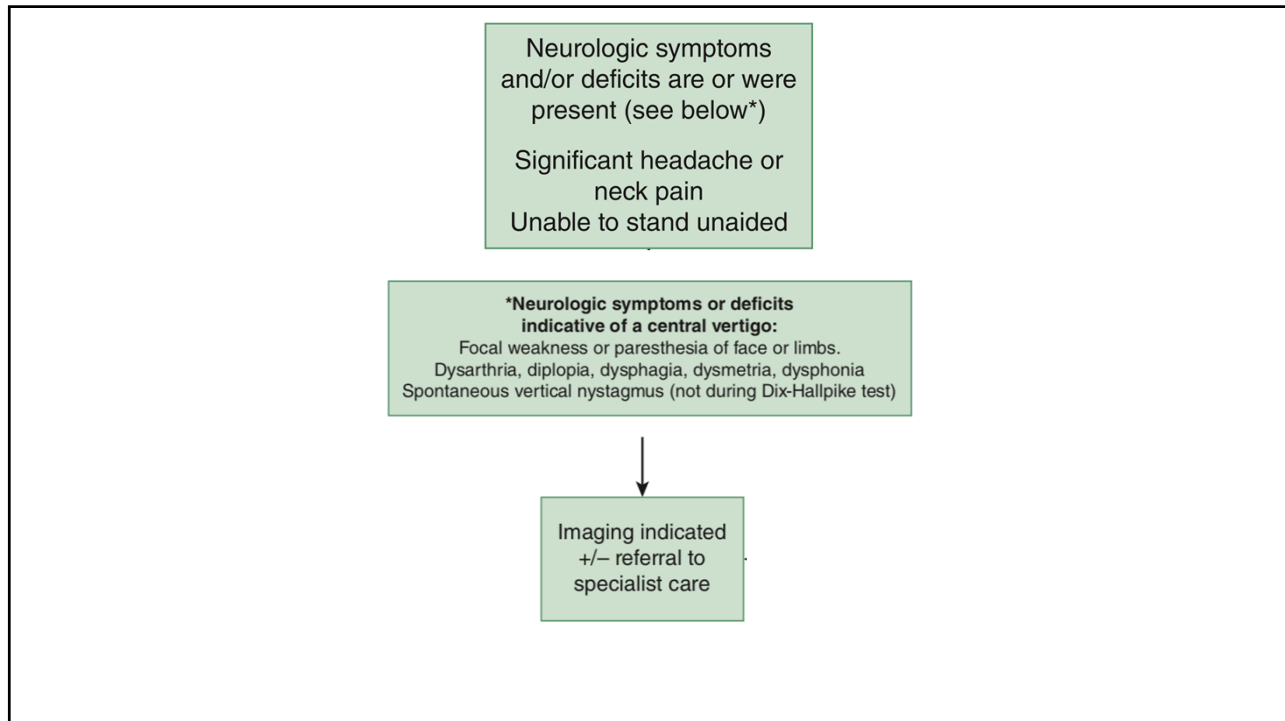
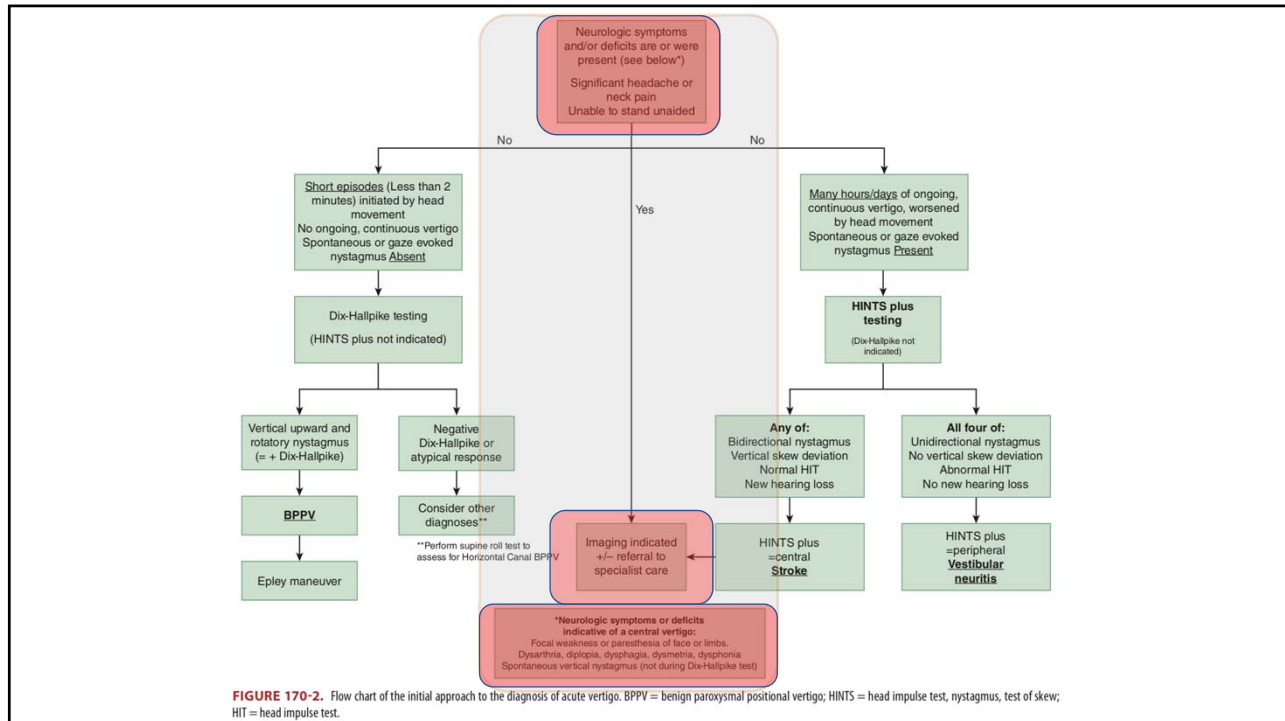
What it doesn't do

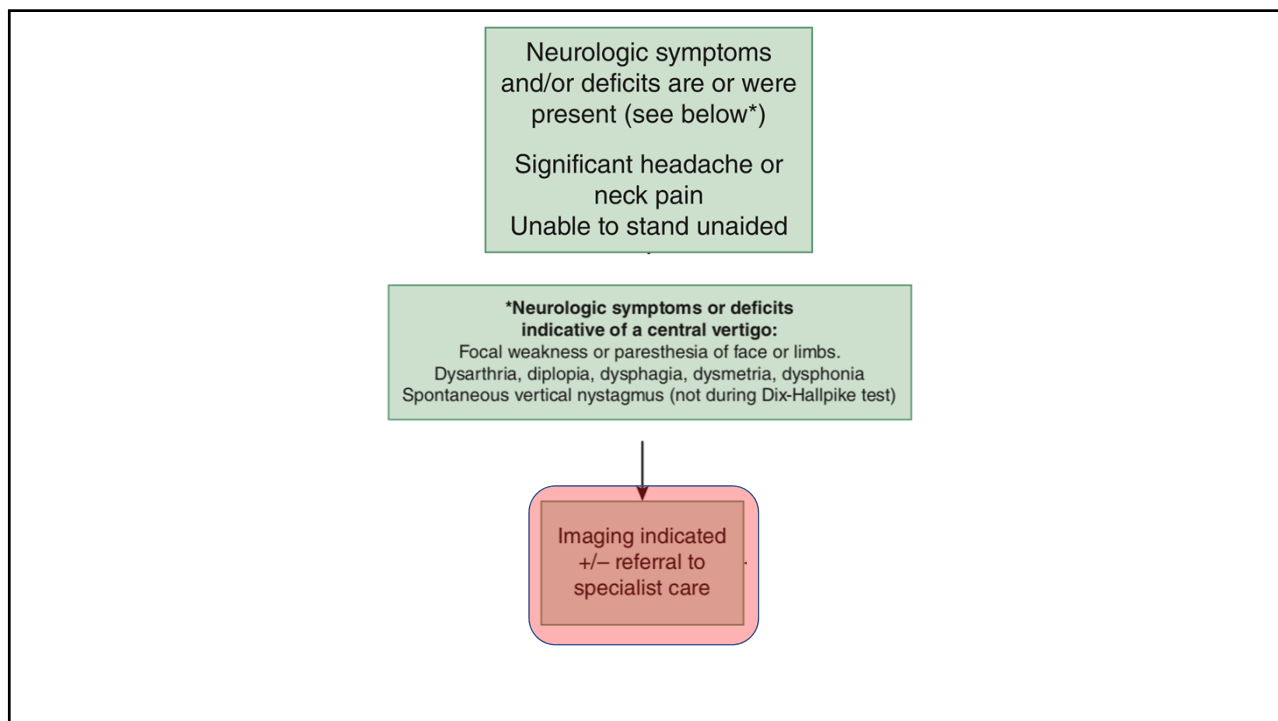
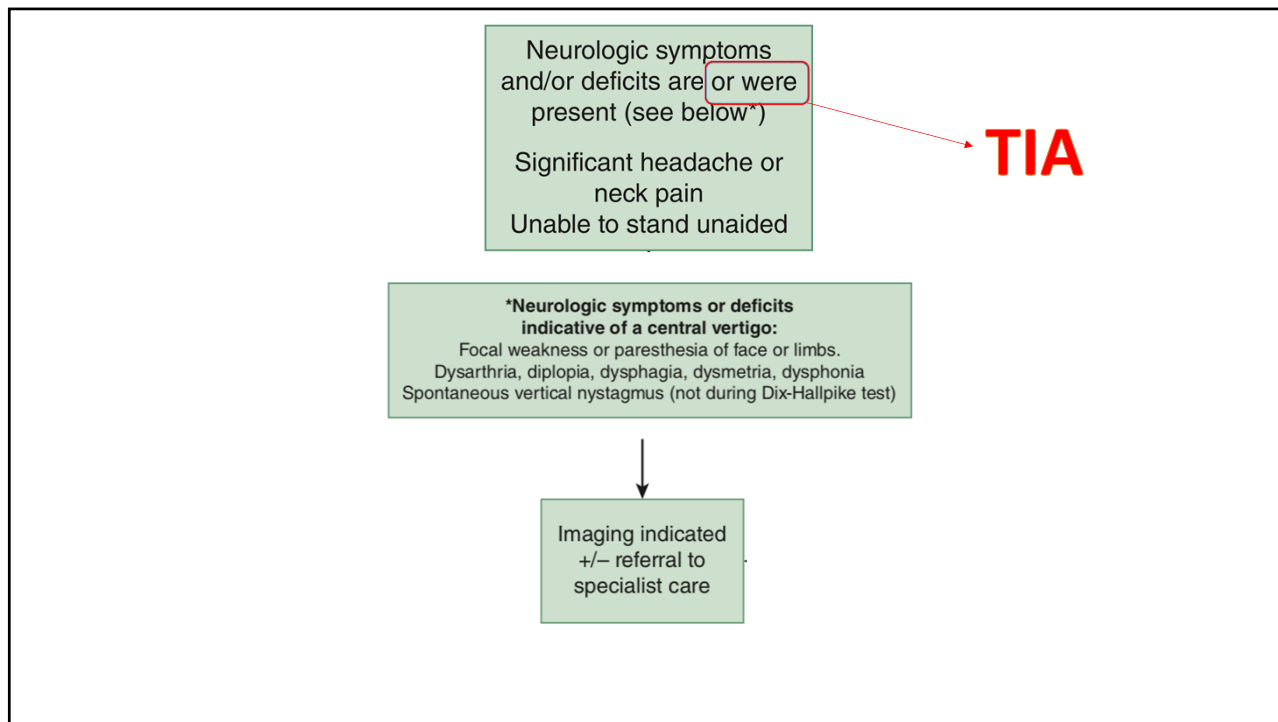
Allow you to diagnose all the causes of acute vertigo

But other diagnoses are not time sensitive for diagnosis

Vertigo Competent







Patient with short episodes of vertigo
(less than two minutes)

Brought on by getting out of bed, getting into bed, rolling over in bed

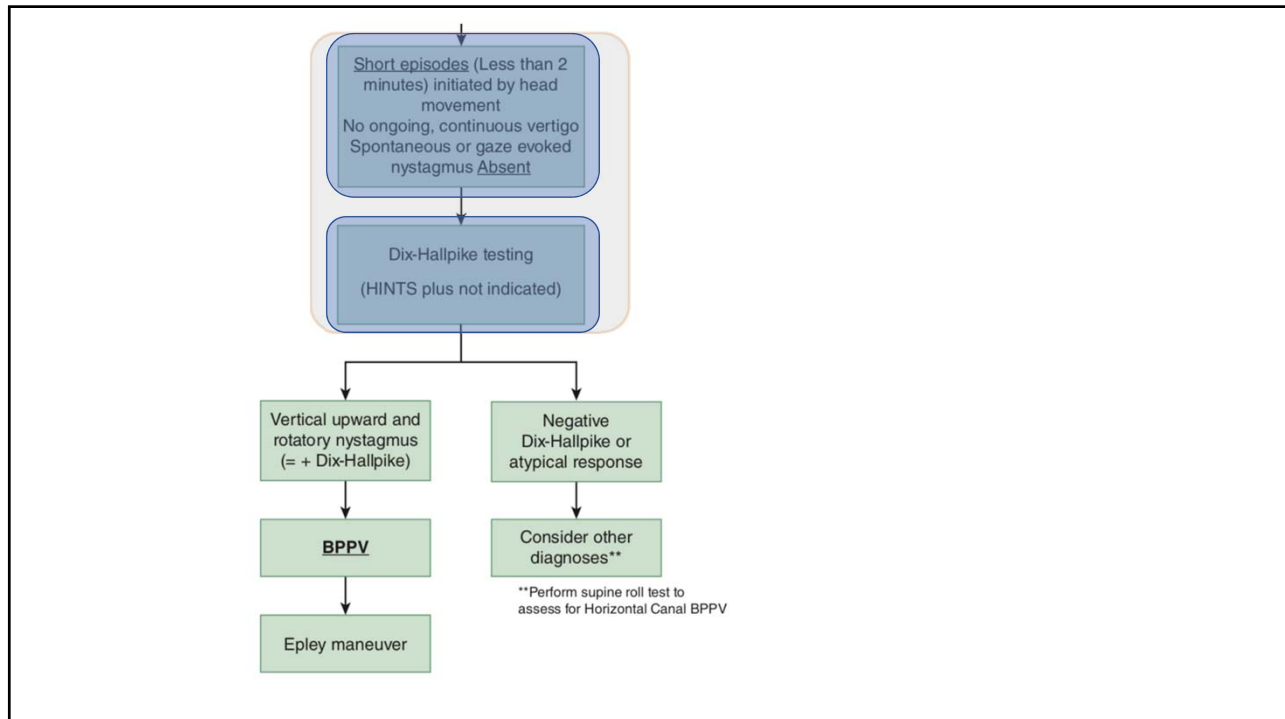
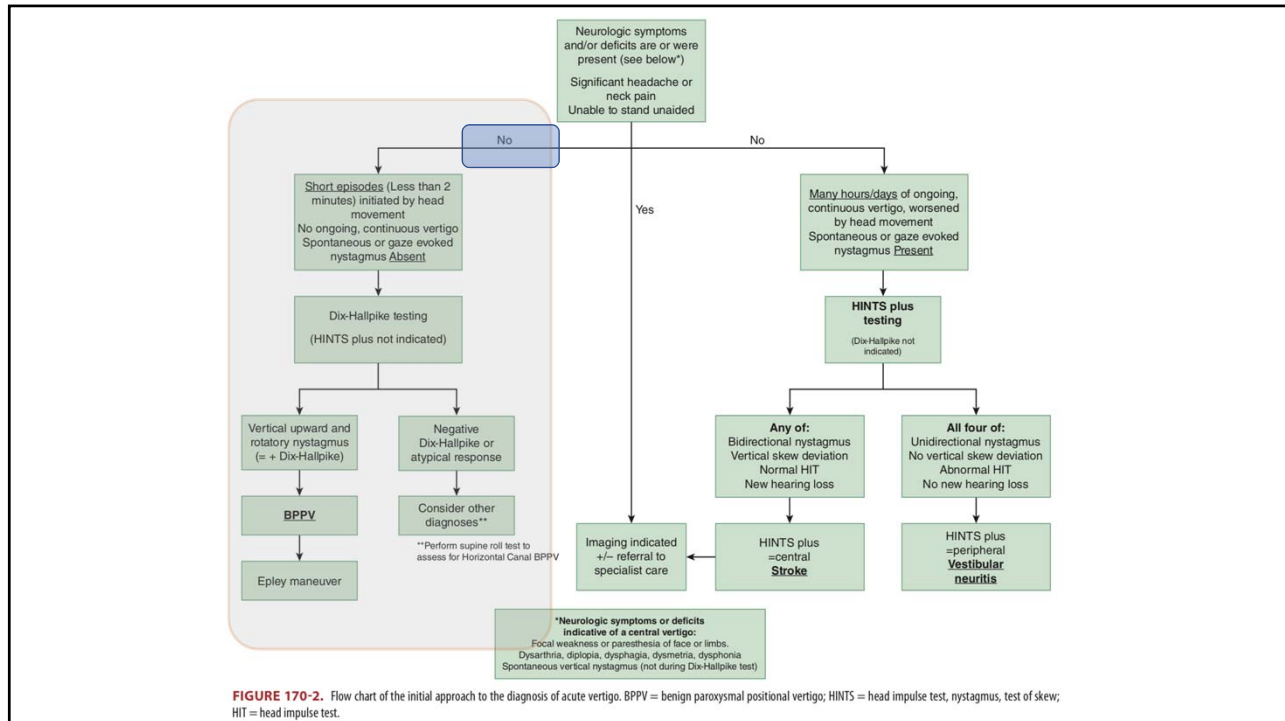
No spontaneous or gaze evoked nystagmus

Nystagmus

How to look for it

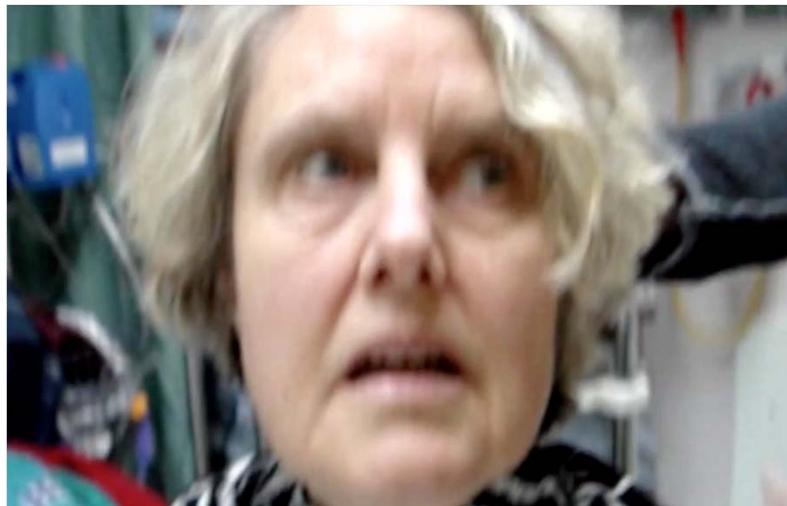
Remove fixation

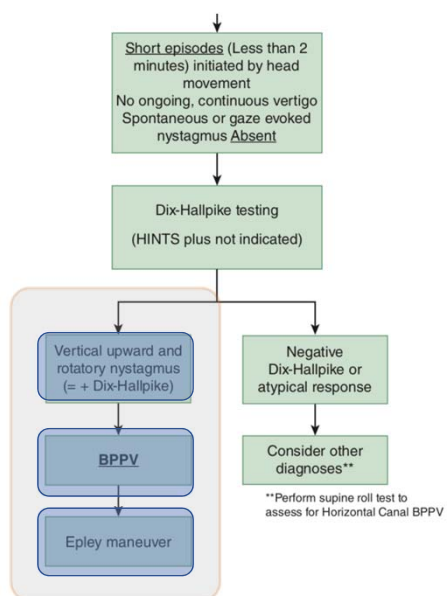
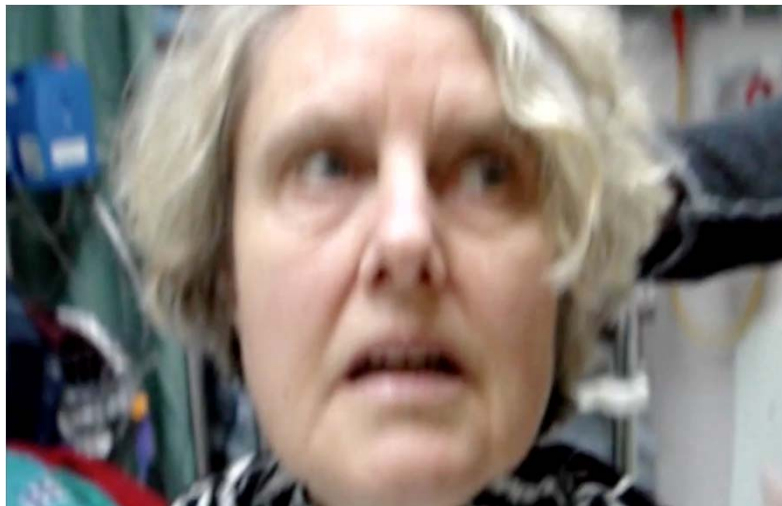
Don't be fooled by end gaze nystagmus (normal variant)



Dix-Hallpike Test

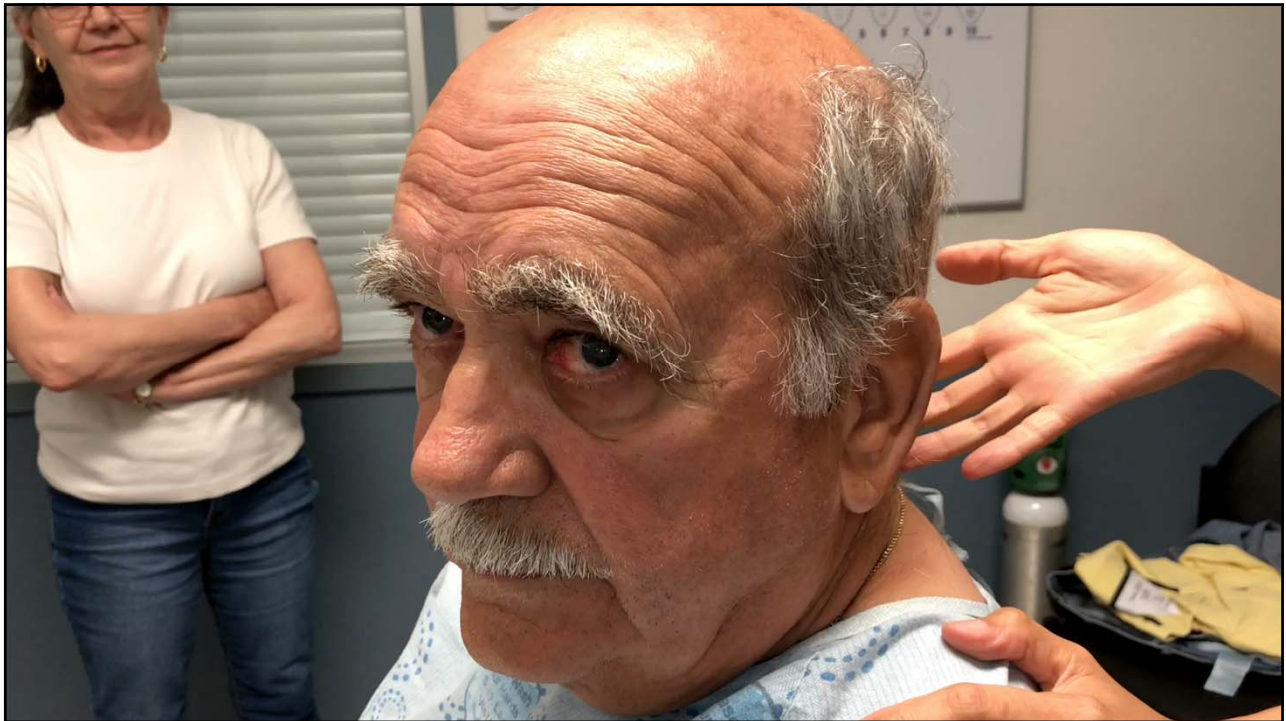
How to perform?

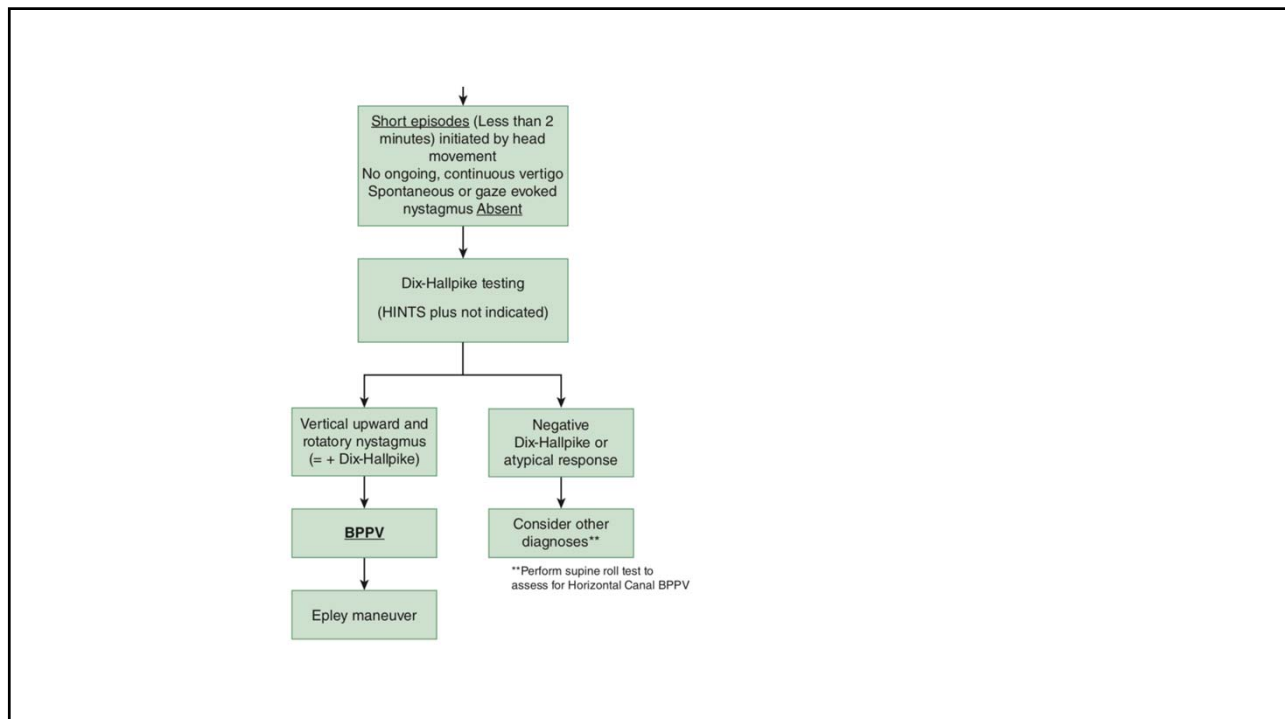
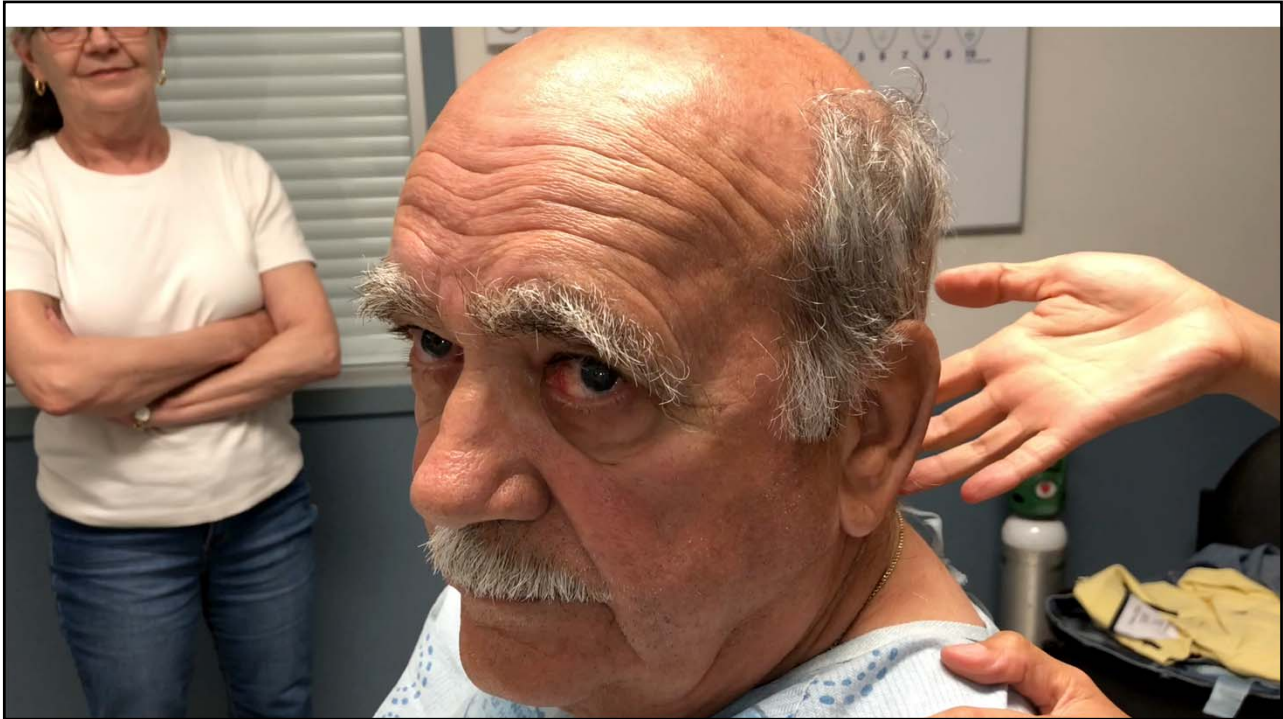


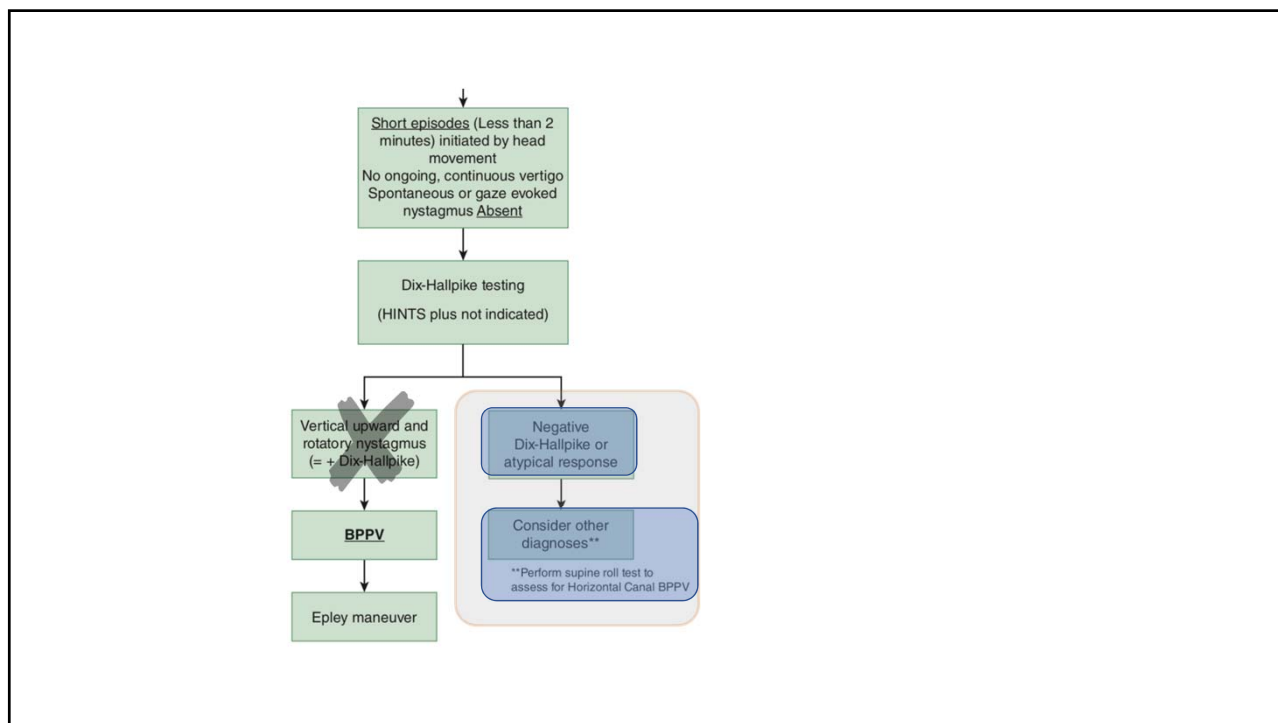
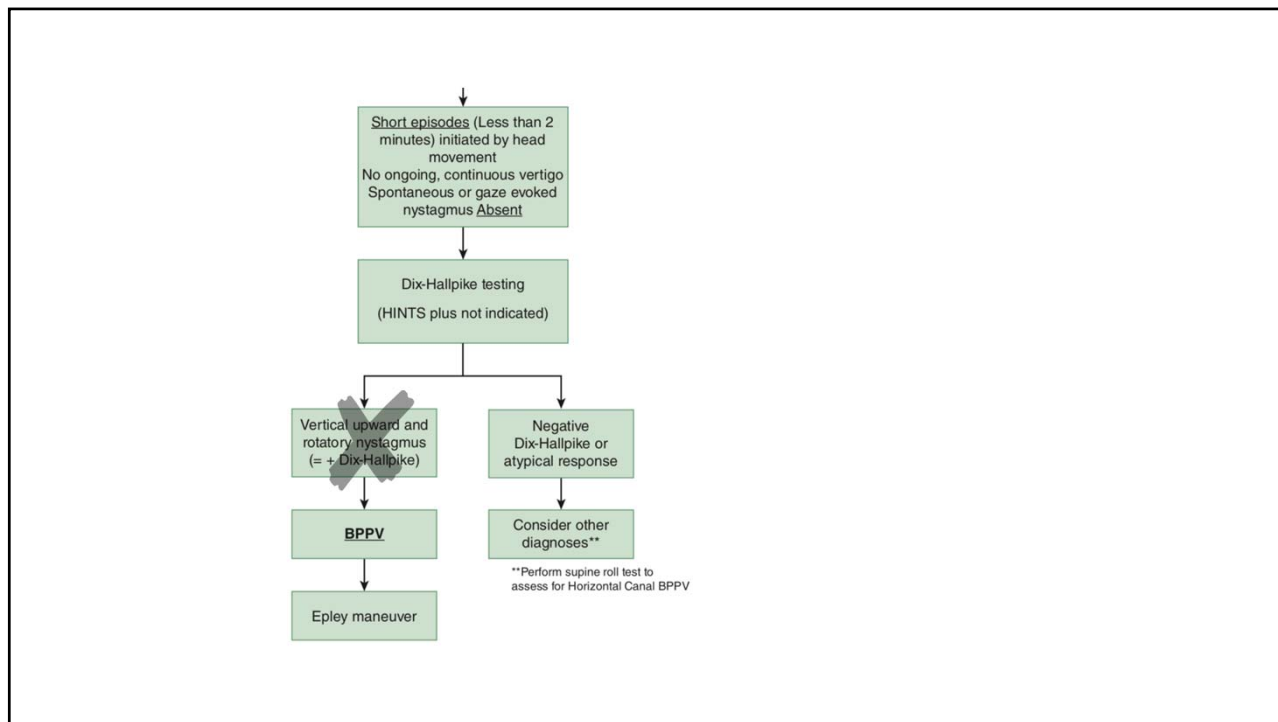


Epley maneuver

How to do it

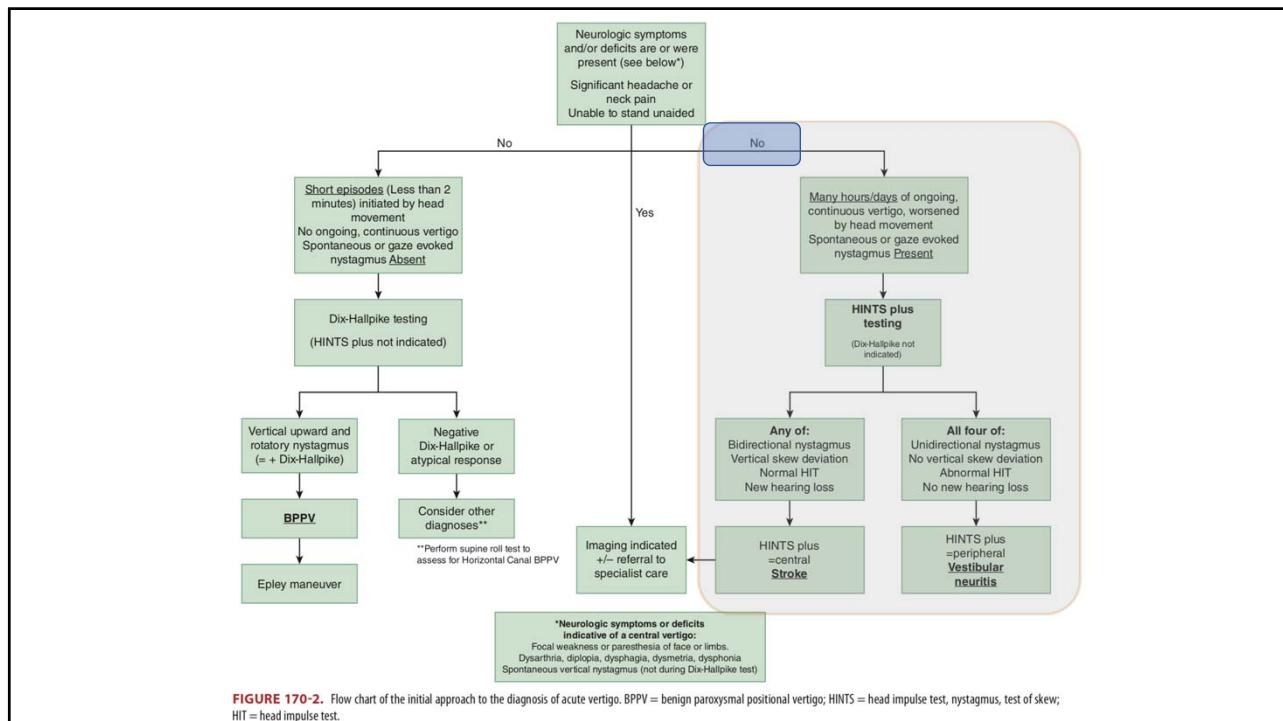


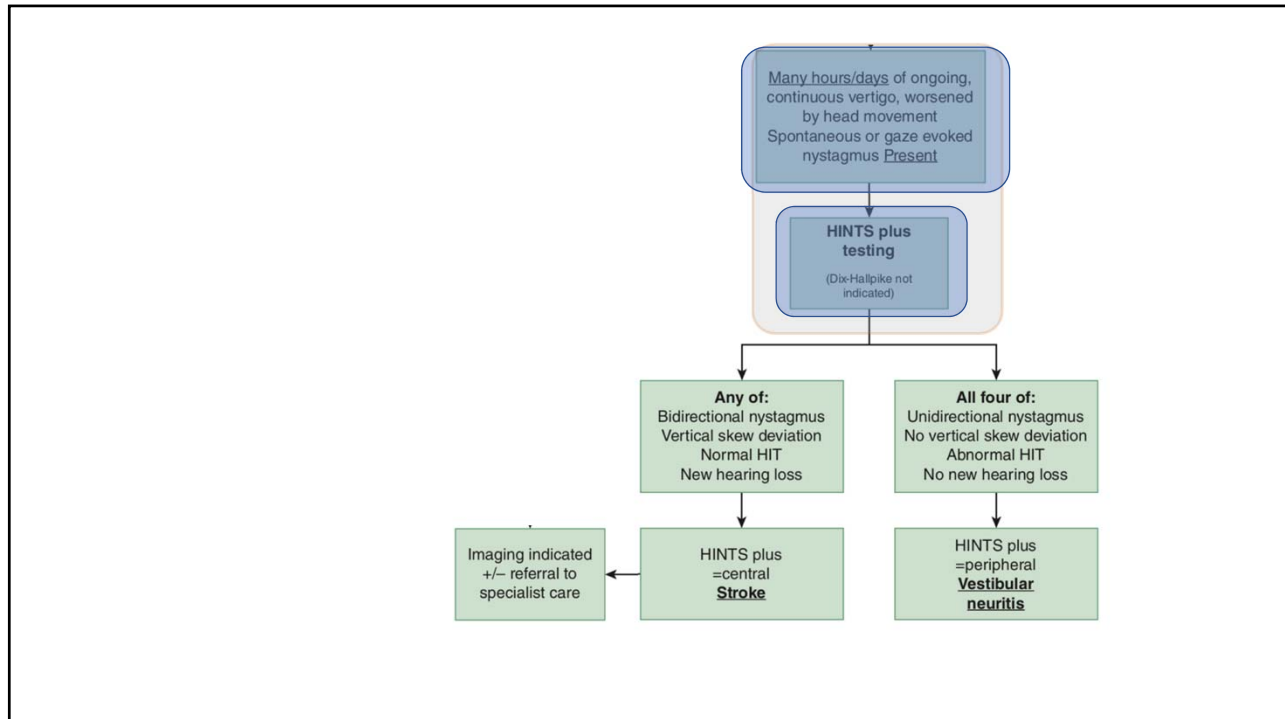


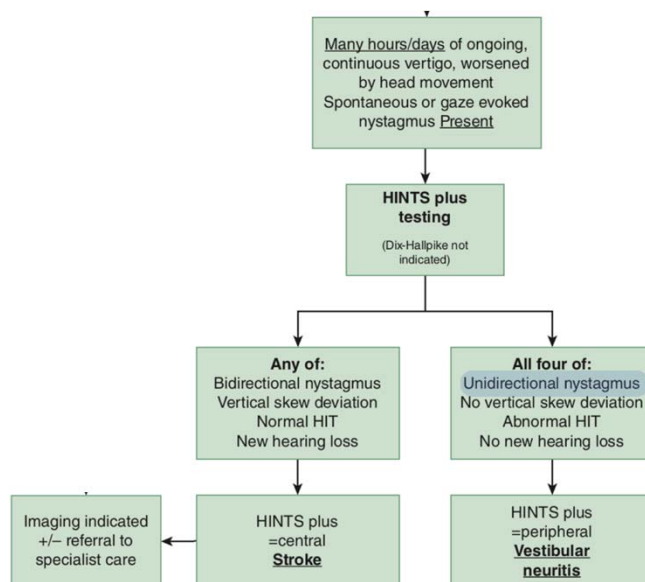


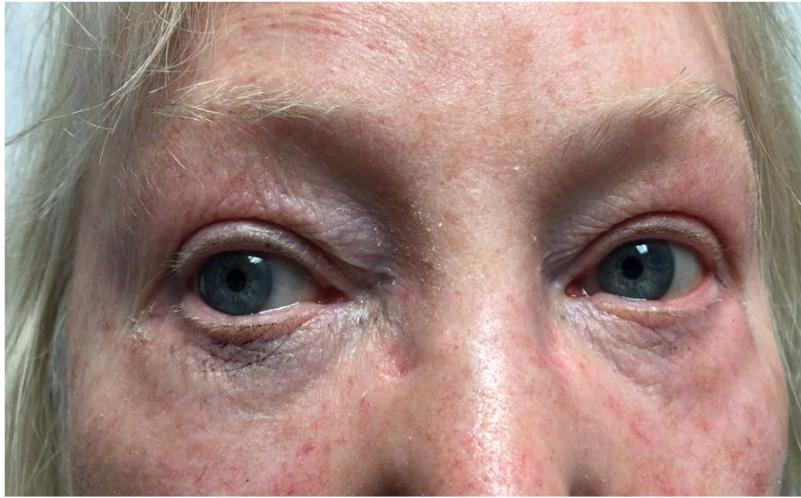
Patient with constant vertigo lasting hours or days

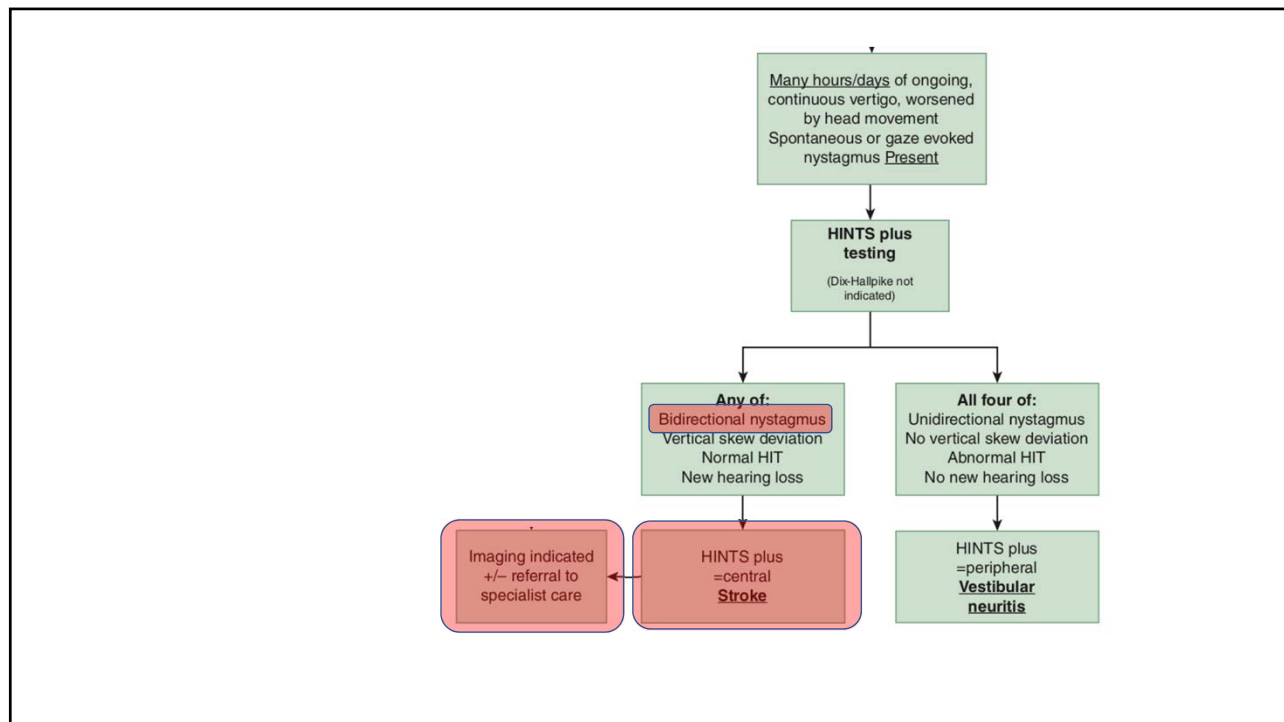
Has spontaneous nystagmus and/or gaze evoked nystagmus











Test of Skew

Skew = slanted or vertical

Horizontal movement doesn't count

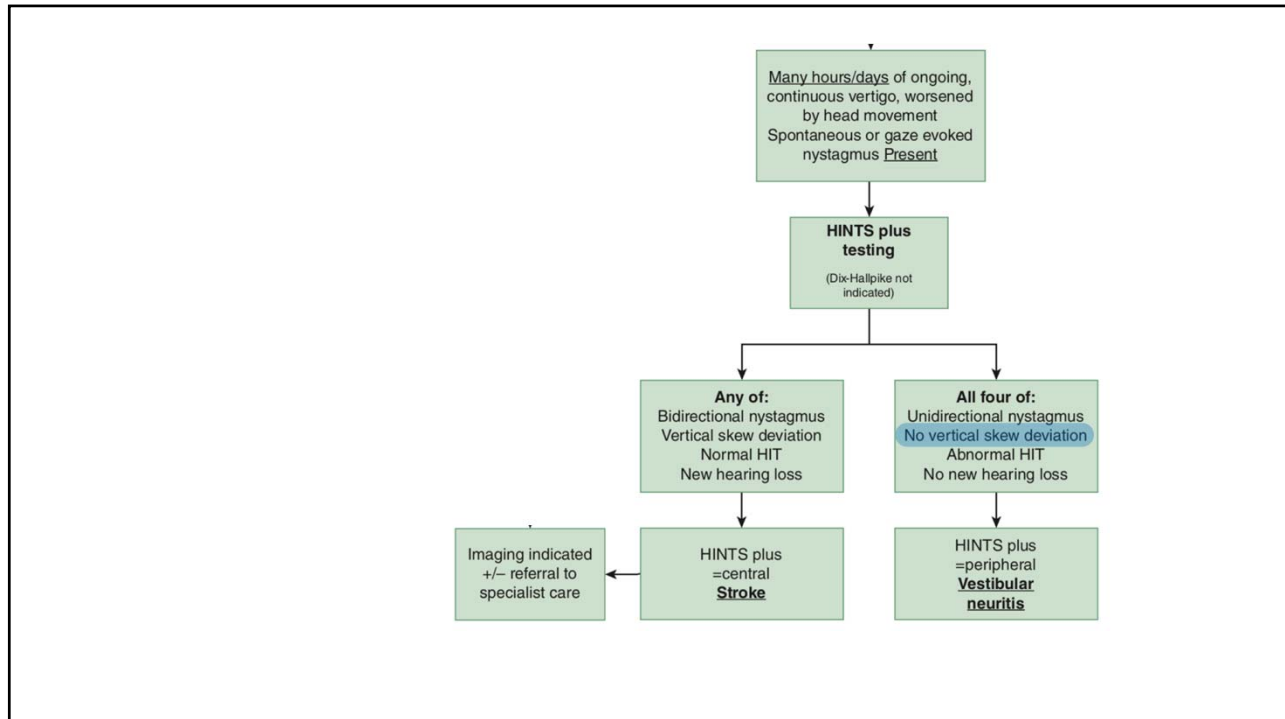


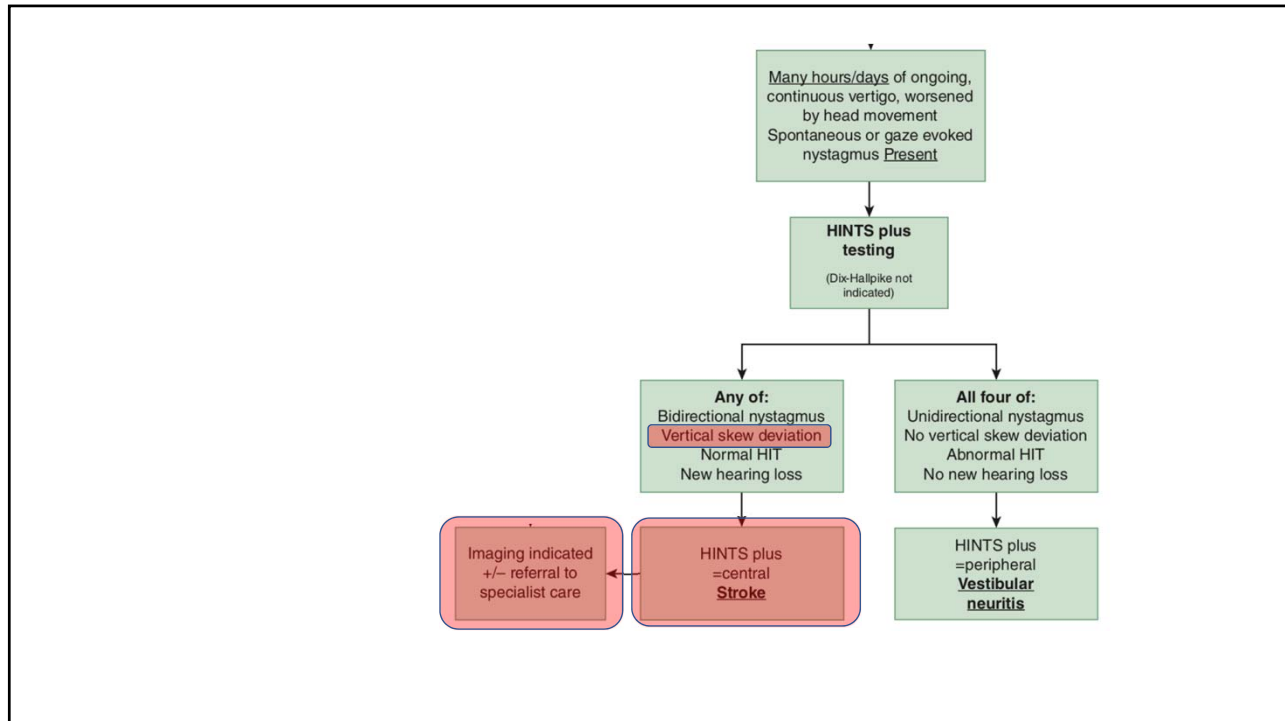
Test of Skew

How to perform

Test of Skew





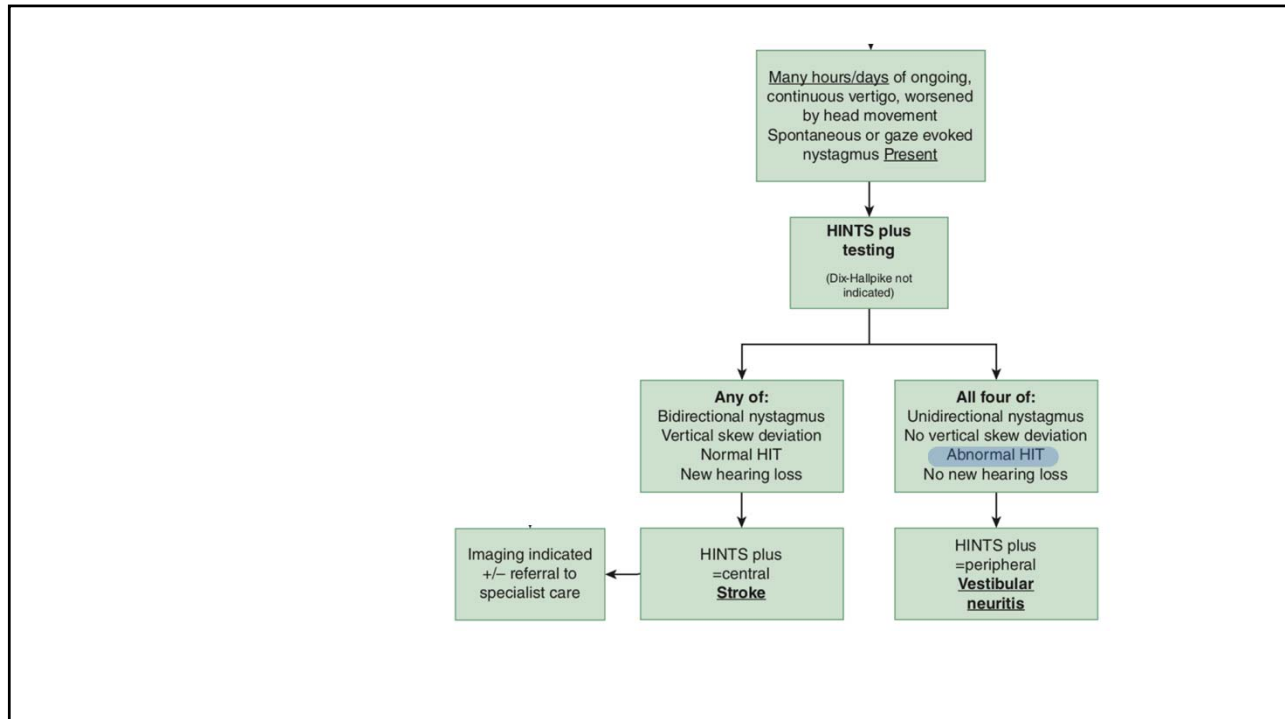


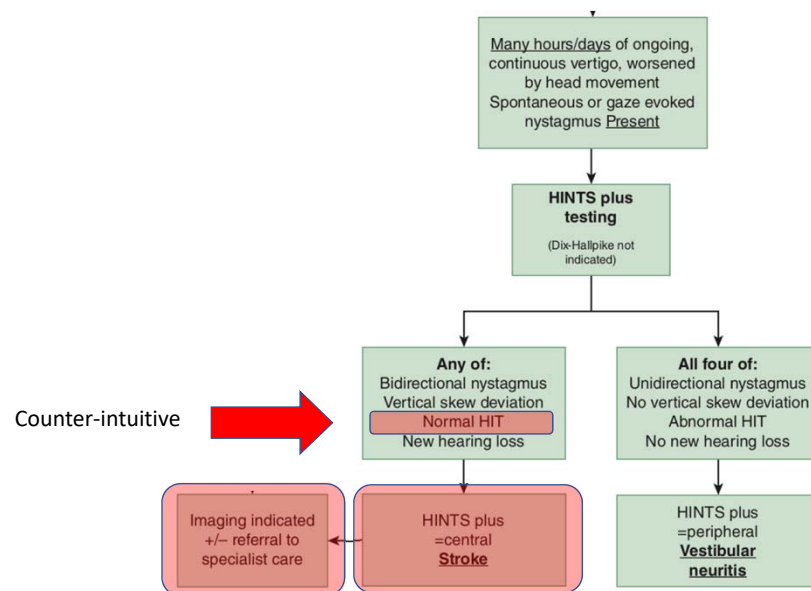
Head Impulse Test

How to perform









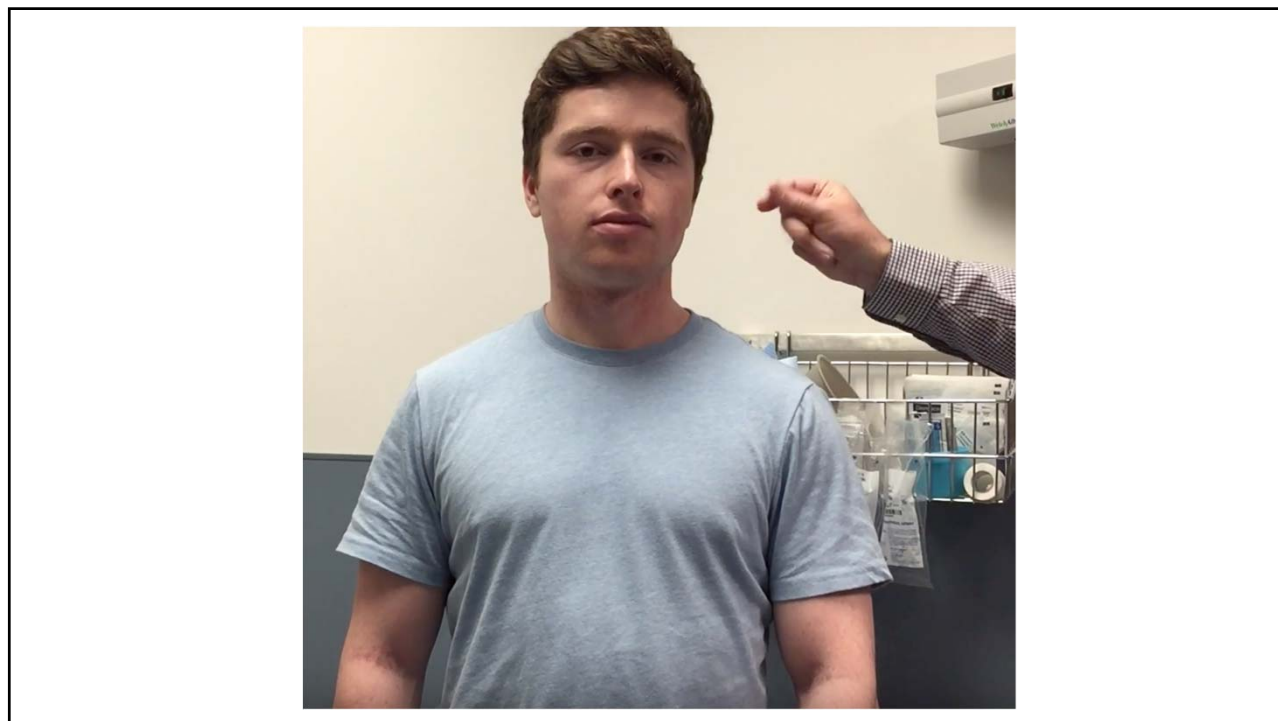
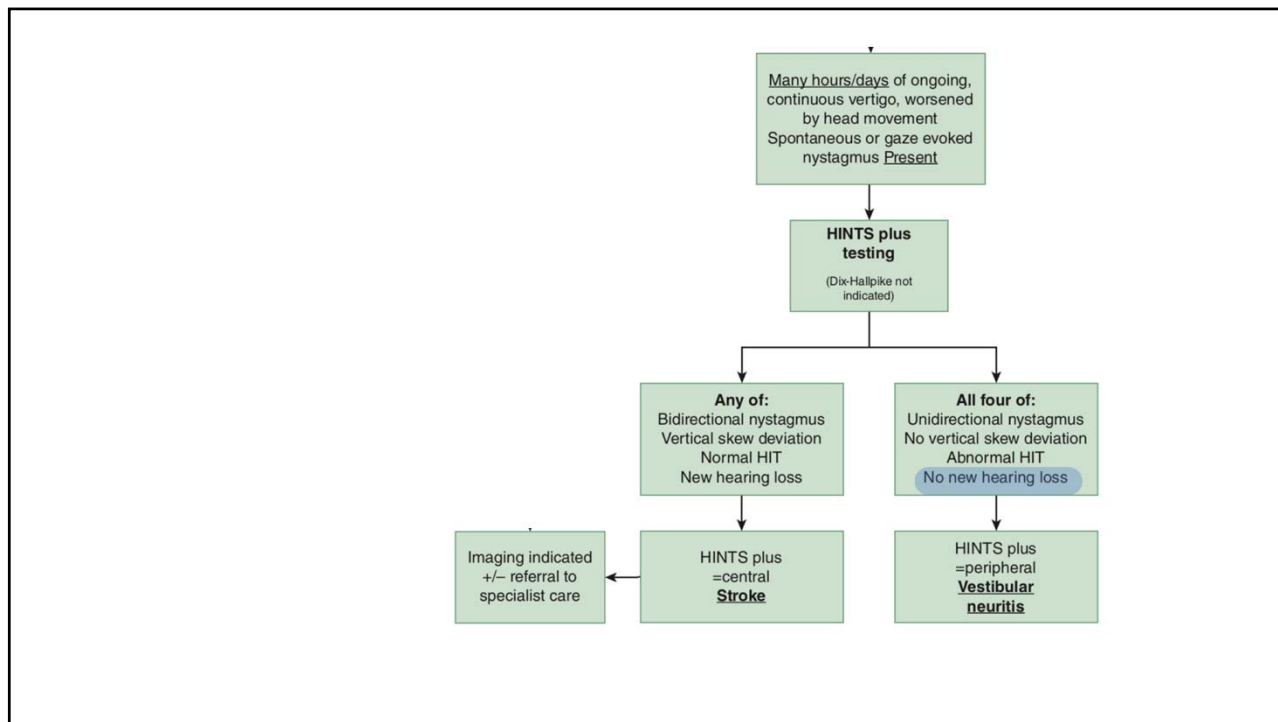
Bedside test of hearing

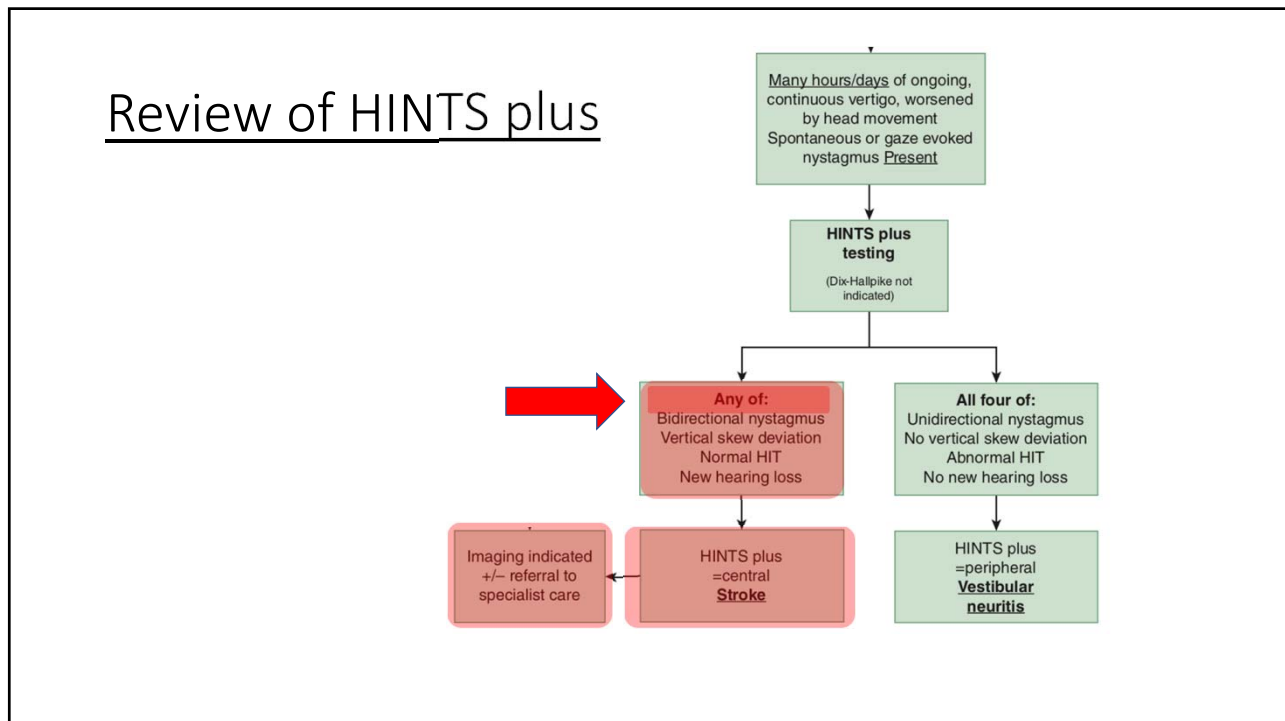
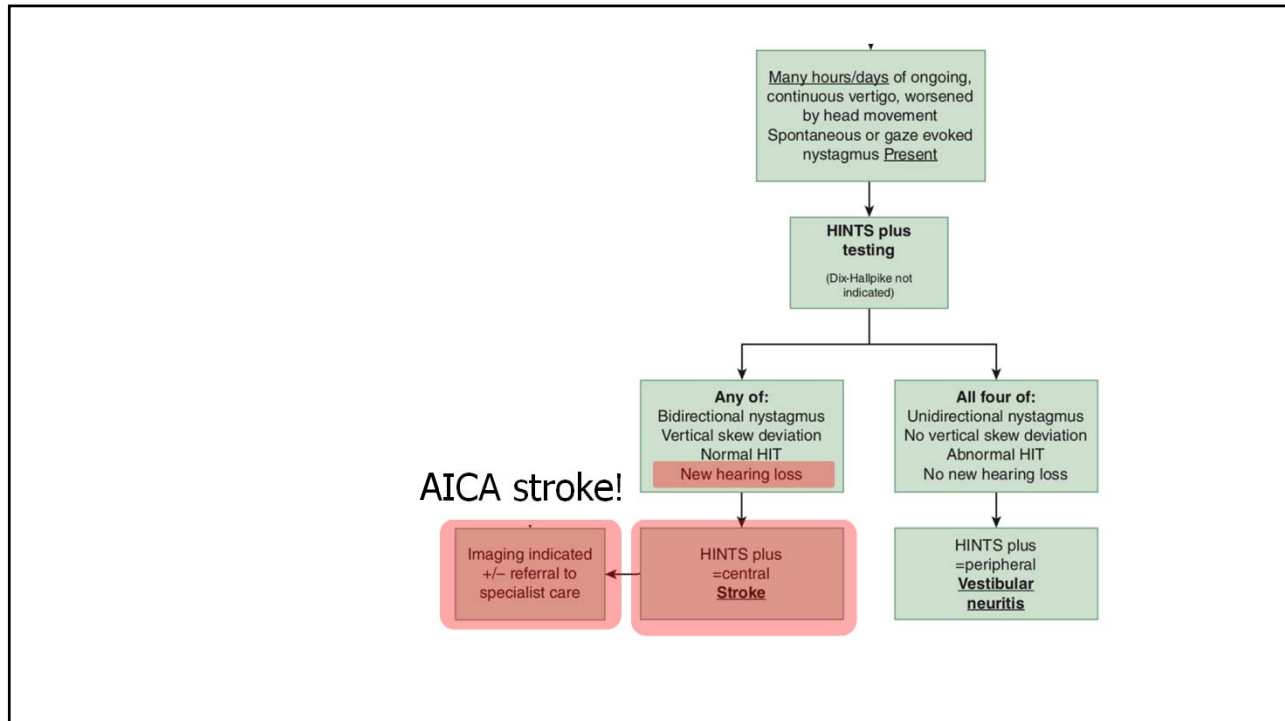
“plus” of HINTS plus

Finger rub test

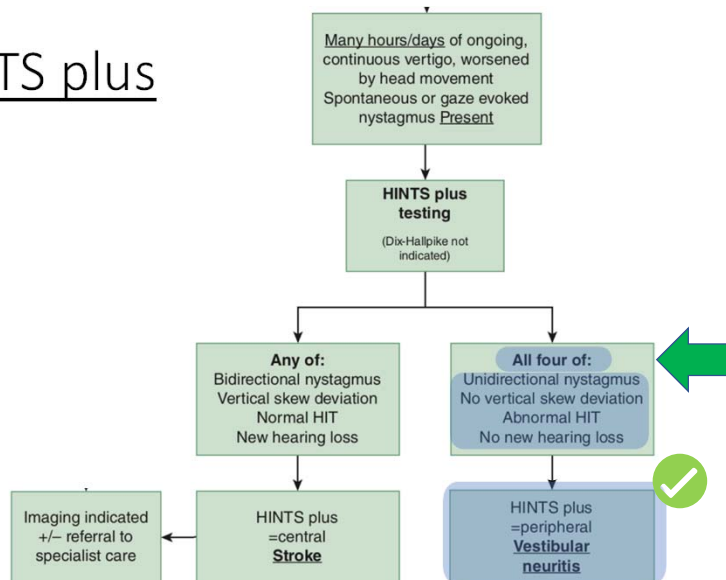
How to perform







Review of HINTS plus



Patient seen August 30, 2018





What to do?

- a) Dix-Hallpike test
- b) CT and/or MRI
- c) HINTS plus exam
- d) Consult neurology
- e) Put down chart, pick up another one



Charting HINTS plus result:

Screened negative for central features

Unidirectional nystagmus-always beats to the right

No skew deviation

No new hearing loss

HIT abnormal turning head to the left

= HINTS plus peripheral=vestibular neuritis



When do you perform both Dix-Hallpike and HINTS plus exam in same person?

Never

Conclusion

- Be vertigo competent!
- Screen for Badness (can't stand or walk, focal weakness, paresthesias, the D's, headache, neck pain, vertical nystagmus)
- Vertigo <2 mins and **no** nystagmus → Dix-Hallpike → Epley-**Cure them!**
- Vertigo for hours or days **and** nystagmus → HINTS plus
- Most go home without imaging
- **Initial screen positive and/or HINTS plus = central → imaging +/- referral**
- Patients who don't fit into Big 3 diagnosis, refer for follow up.

For quick review on youtube

Peter Johns

"Big 3 of vertigo"

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