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Benign paroxysmal positional vertigo involving horizontal canal

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The benign paroxysmal positional vertigo (BPPV) involving the horizontal canal is usually diagnosed by means of the head-roll test. The most important diagnostic finding is a horizontal and direction-changing positional nystagmus provoked by the supine head roll test. Horizontal nystagmus occurs with the head turned in either direction, and in both positions it beats either toward the ground (geotropic nystagmus) or toward the ceiling (apogeotropic nystagmus). BPPV involving the horizontal canal is treated with physical maneuver that allow the otoconial debris to exit the lateral canal by centrifugal inertia and/or gravity. BPPV involving the horizontal canal with geotropic nystagmus is commonly treated with the barbecue rotation. Alternative treatments are Vannucchi's forced prolonged position and Gufoni's maneuver. BPPV involving the horizontal canal with apogeotropic nystagmus is attributed to otolithic debris that is attached to the cupula (cupulolithiasis) or that is free-floating within the anterior arm of the horizontal semicircular canal near the cupula (canalolithiasis). Possible adjunctive strategies for this type of BPPV include head-shaking in the horizontal plane for 15 seconds and modified versions of Semont's maneuver and Gufoni's maneuver.

Key Words: Benign paroxysmal positional vertigo, Semicircular canal, Nystagmus

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