

Dizziness a doctor's dilemma- A ten step approach

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Introduction: Professor C. Miller Fisher defined dizziness as false and conflicting sensation of motion and posture. It is a feeling of uncertainty of one's own physical and spatial orientation as well as motion in space. In health the function of vestibular system is subconscious and not apparent.

Central vestibular system integrates vestibule, visual and proprioception input for the conscious awareness of body position with environment, gaze stabilization, posture and locomotion. Dizziness and disorientation symptoms occurs only when the disease or excessive stimulation of central vestibular system occur. It can be due to medical and cardiac illness, otological illness as well as neurological conditions. Most syndrome of dizziness can be correctly diagnosed only by means of careful history taking and physical examination of patients.

Pathophysiology: Any alteration in the continuous sensory input from visual, vestibular and proprioceptive end organs that enables a person to maintain spatial orientation leads to dizziness. There are many sensations that are perceived as dizziness by patients, which are not synonymous to true vertigo. Hence careful history taking is important.

Clinical features: There are 6 types of dizziness generally complained, they are true vertigo, syncopal sensation or presyncope, disequilibrium, psycho physiologic dizziness and visual induced dizziness, light headedness and giddiness.

Examination: Standard physical and neurological examination must emphasis on cerebellar testing, test of vestibular function and brain stem signs. The core examination findings required are eye movement assessment, funduscopy, otoscopy, assessment of hearing, Romberg test, Gait and Tandem walking, Dix- Hallpike maneuver.

Etiology: Vertigo based on specific etiologies is classified as otologic vertigo, central vertigo, medical vertigo and unlocalized vertigo syndromes.

Ten step approach guidelines:

- Step 1- To establish the nature of dizziness, is it vertigo or not?
- Step 2- To rule out if it was the first attack or one of the recurrent episode or chronic problems?
- Step 3- Duration of attack and trigger factor if any should be obtained
- Step 4- Neurological examination
- Step 5- Status praesens

Step 6- To rule out vestibular causes

Step 7- Clinical test to diagnose vestibular involvement

Step 8- Investigation in evaluation of dizziness

Step 9- Medical causes

Step 10- Psychiatric causes

Treatment:

- Treating the underlying cause for non- vertiginous dizziness
- For vertiginous dizziness requires pharmacological therapy, physical therapy, surgery and psychotherapeutic measures.

Conclusion: I have covered the field in a concise and clinically oriented fashion. The team approach, given the complexity for evaluation, diagnosis and treatment, is the central theme of this communication

Biography

Avathvadi Venkatesan Srinivasan has driven by his quest for excellence joined Madras Medical College (MMC) and received MD (General Medicine) in 1978. Later he pursued and received DM in Neurology from his alma mater. His thirst for research, skills and the latest development in Neurology made him find his way to the National Institute of Neurology and Neurosurgery, his pioneering research work on Neuroleptic Malignant Syndrome got him bestowed with the PhD degree in 2002. It made him the first ever recipient in Neurology from the Tamil Nadu Dr. M.G.R. Medical University, since its inception in 1988. His path breaking research (6 papers) in Phantom limbs, Stroke etc., with Padma Bhusan Dr. VS Ramachandran, Director, Center of Brain and Cognition, University of San Diego remain acclamatory to his undisputed authority in Behavioral Neurology and Movement disorders. He authored more than 100 scientific papers; dozens of his other work have found places in reputed medical journals and has published 12 chapters. His research papers presented, won acclaims in 60 National conferences and in 25 International conferences held in UK, USA, Japan, Australia, China, Europe and other countries. He is the only one from India to collaborate with Dr. VS Ramachandran, who is the first recipient of Padma Bhusan for his contribution to Neurosciences.

Received: April 15, 2023; **Accepted:** April 17, 2023; **Published:** May 02, 2023
