

How efficient is the Rotundum positioning chair in the treatment of posterior Benign Paroxysmal Positional Vertigo?

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Introduction:

Benign Paroxysmal Positional Vertigo (BPPV) is the most common inner ear disease and usually successfully treated by means of traditional repositional maneuvers on an examination bed. Despite successful results by means of these manual maneuvers, there has been a growing demand for additional treatment modalities for more retrac-table cases of BPPV. Therefore, several different mechanical rotational chairs have been developed.

Method:

Randomized prospective clinical trial. Referral of patients experiencing positional vertigo without any pre-treatment(s). Approximately 300 subjects diagnosed with posterior canalolithiasis Benign Paroxysmal Positional Vertigo (BPPV) will undergo treatment with the chair. Both diagnostics and treatments will take place in the Rotundum positioning chair. If diagnosed with posterior canalolithiasis type BPPV, patients will undergo randomization to one of three separate treatment options: The Epley Maneuver, the Semont Maneuver or a vertical 360-degree maneuver. For diagnostics, patients will wear a VNG google. Primary endpoint was to evaluate how efficient the Rotundum positioning chair was in the treatment of posterior canalolithiasis with three separate treatment maneuvers.

Results:

Preliminary data on the efficacy of the treatments offered with the Rotundum positioning chair will be presented, including overall data as well as data on the efficacy of all three separate treatment options. Successful treatment criteria include cessation of positional nystagmus and symptoms of positional vertigo. Treatment failure is defined as a need of more than 10 treatments for successful repositioning.

Discussion:

Following data extraction, preliminary conclusions will be made on how efficient this new rotational chair is in the treatment of posterior canalolithiasis.

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