

VII CONGRESSO
NAZIONALE
SALERNO 2019

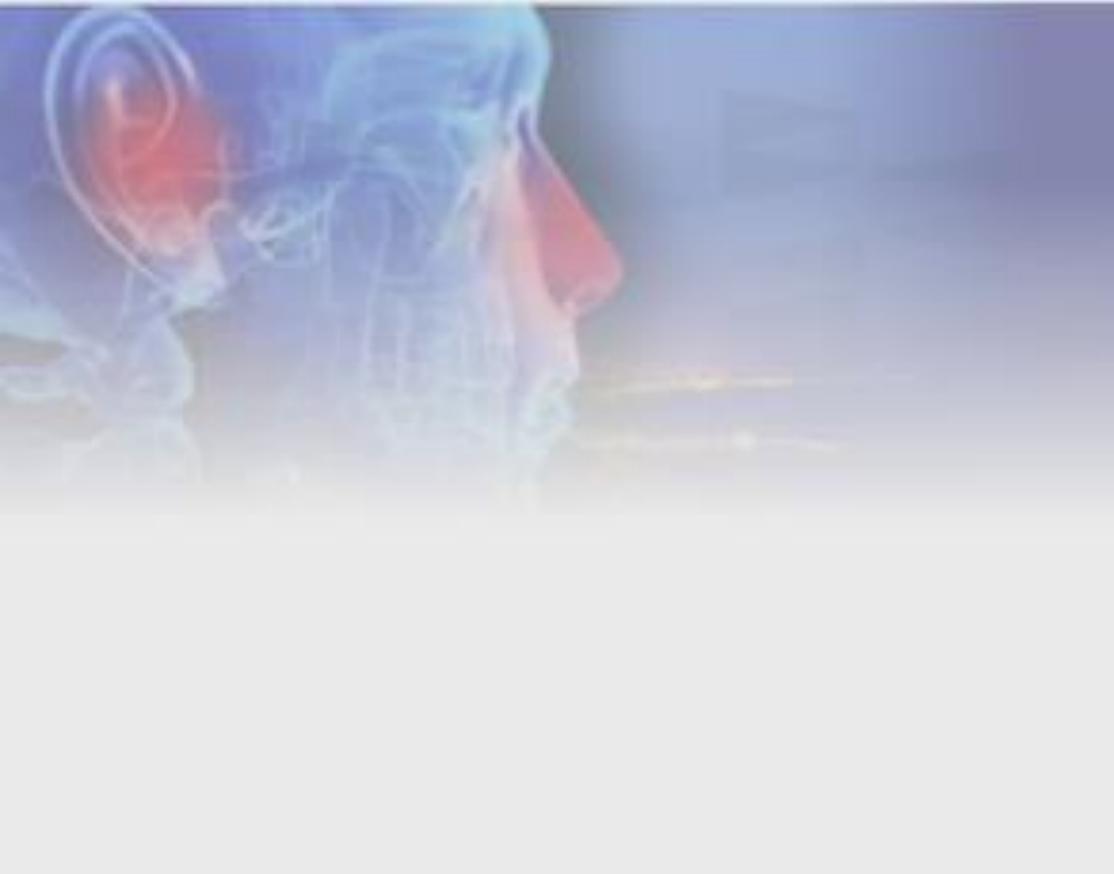


21|22|23
novembre 2019
**Grand Hotel
SALERNO**

ANNI '80 E DINTORNI: RITORNO AL FUTURO
a cura di L. Califano, M. Mandara

Le forme atipiche di VPPB
S. Mazzone







VPPB POSTERIORE ATIPICA

Nistagmo Parossistico da Posizionamento da interessamento del CSP (variante geotropa)

☐ Evocato da un *rapido* movimento della testa sul piano del CSP, cioè dai posizionamenti di Dix-Hallpike o di Semont

Parossistico

Upbeating e
rotatorio
geotrope

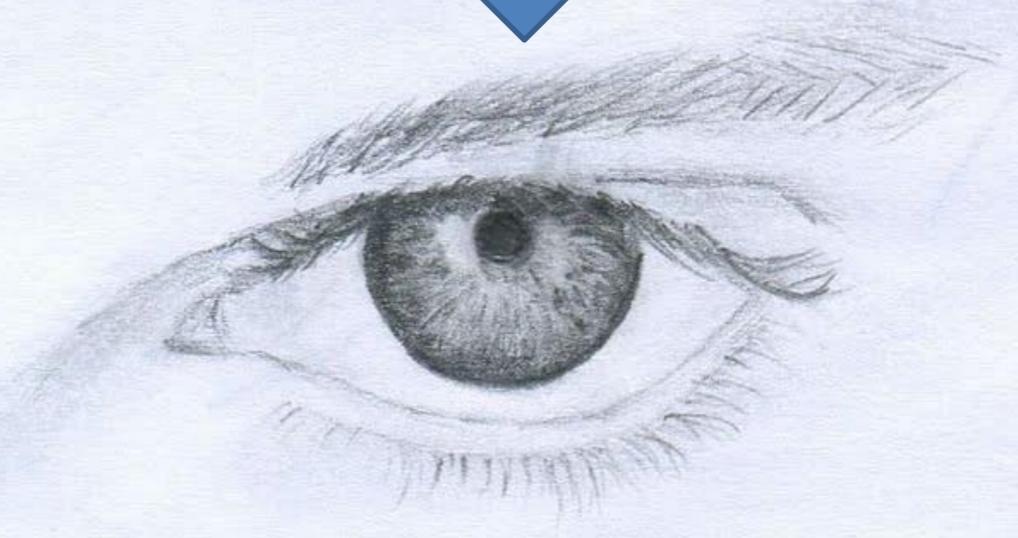
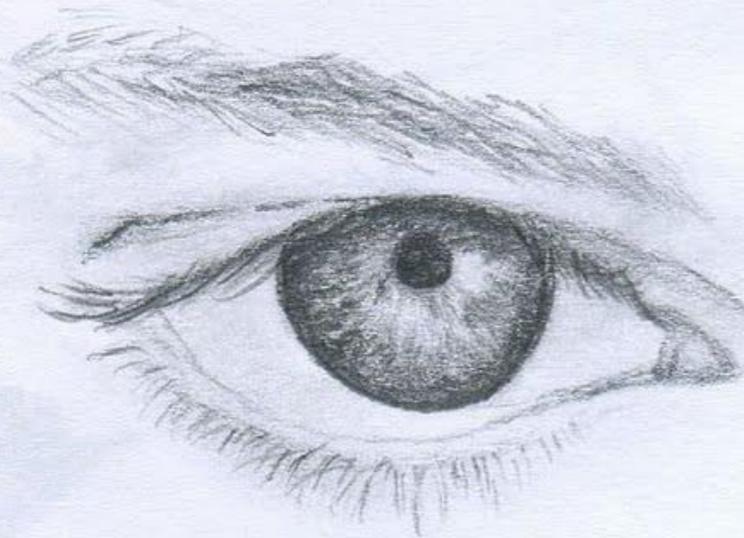
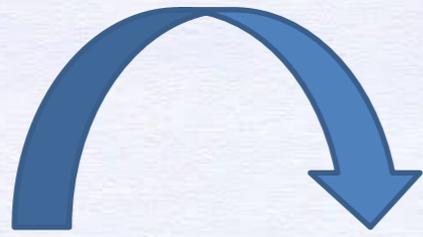
Dissociato

Breve durata

Faticabile

Inverte tornando in
posizione seduta

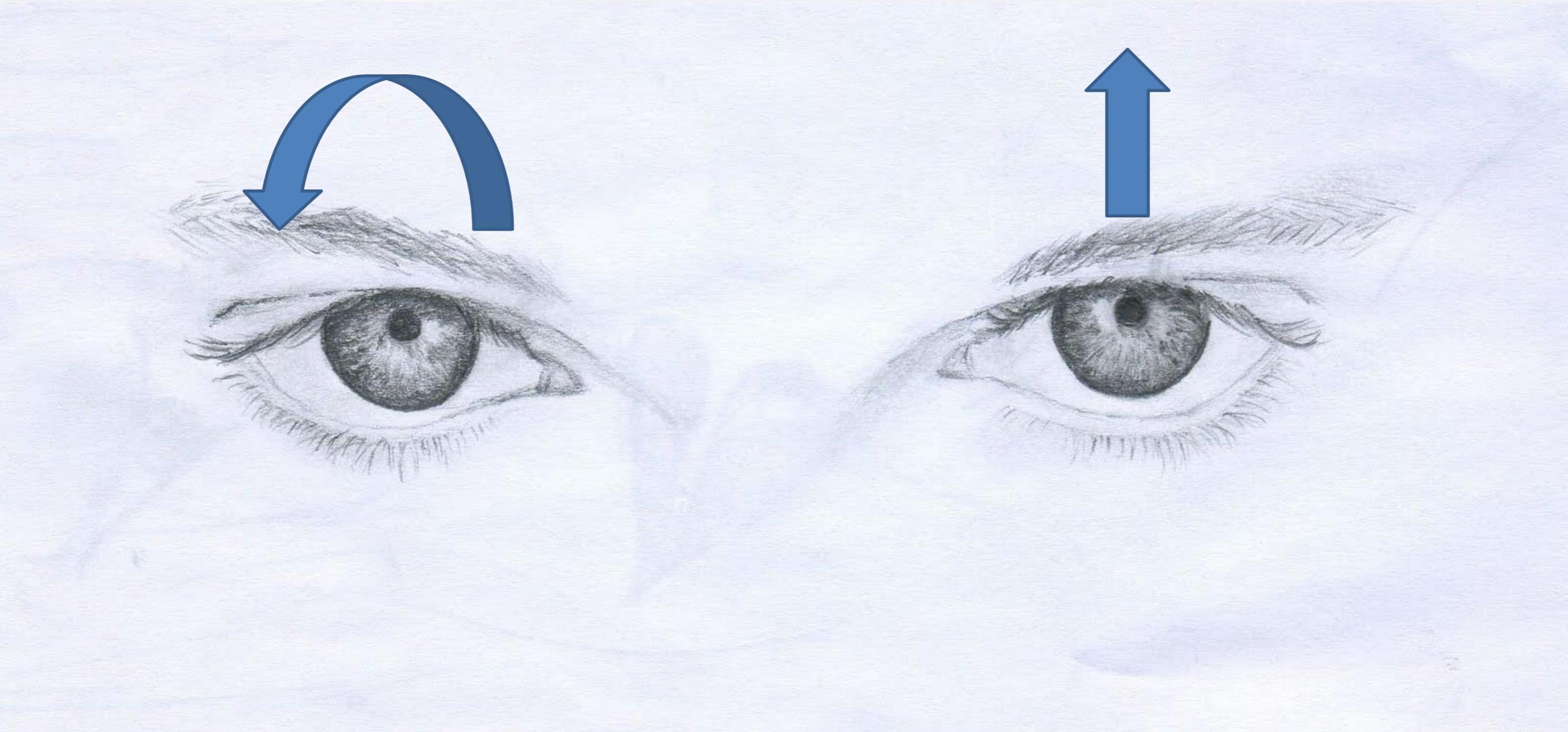
Fase lenta Ny CSP destro nella variante geotropa



Obliquo superiore

Retto inferiore

Fase rapida Ny CSP destro



L'incerto...la variante apogeotropica

La prima storica descrizione

Acta Otolaryngol (Stockh) 1995; Suppl 520: 143–147

Atypical “Reversed” Paroxysmal Positioning Nystagmus in Benign Paroxysmal Positional Vertigo

G. AGUS, R. PUXEDDU, G.P. DEMONTIS and P. PUXEDDU

From the Department of Surgery, Division of Otolaryngology, University of Cagliari, Italy

In 7 out of the 450 patients with definite BPPV observed in the active clinical phase at our otoneurologic laboratory during the last 4 years, Hallpike's and Semont's diagnostic positioning manoeuvres (quickly performed in less than 1 s) elicited an “atypical” PPNy “reversed” in all its vectorial components with respect to the typical PPNy oculomotor pattern that can be observed in this syndrome. PPNy was detected by direct visual observation of the patient's eyes in absence of visual fixation (Frenzel's goggles) and central gaze position.

In 4 cases, “reversed” PPNy took on a typical PPNy pattern with 2 HM. In 3 cases this finding was obtained with Semont's diagnostic manoeuvres: in one case, 2 HM are not performed, in another PPNy appeared either 1 HM or 2 HM and in the third case PPNy was seen only in 2 HM.

Semont's “liberatory manoeuvre” (14) obtained “liberatory nystagmus” in all 7 patients during the first sitting.

L'incerto...la variante apogeotropa

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The presence of free-floating particles in the distal portion of the non-ampullar branch of the p.s.c. would determine a gravitationally induced, ampul-lipetal movement of the endolymph and of the cupula at the end of the positioning manoeuvres. The VOR thus induced is compatible with the oculomotor pattern of “reversed” PPNy observed in 4 of our patients with 1 HM (Fig. 1).

L'incerto...la variante apogeotropica

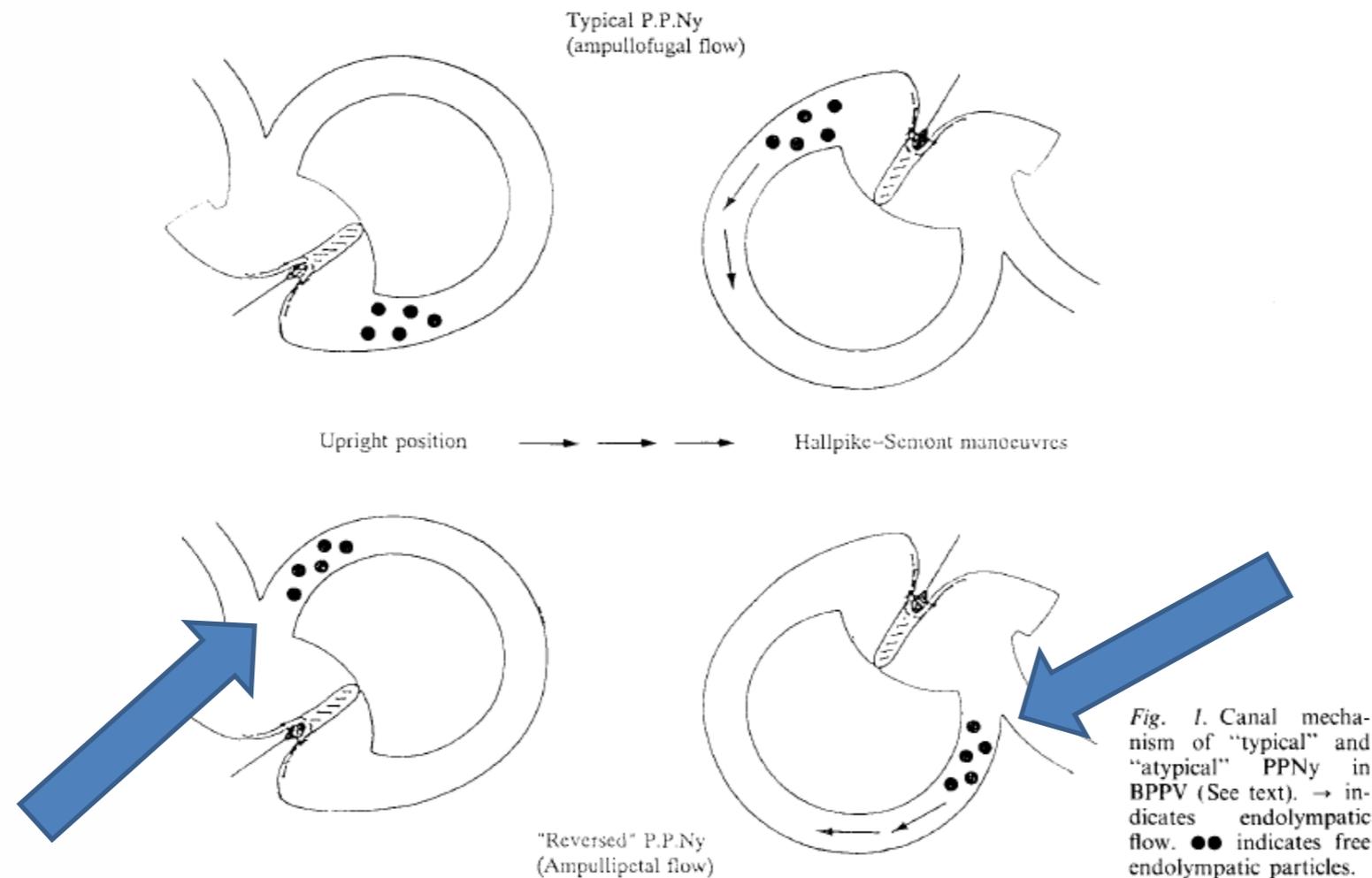
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L'incerto...la variante apogeotropa

Hindawi Publishing Corporation
International Journal of Otolaryngology
Volume 2012, Article ID 413603, 9 pages
doi:10.1155/2012/413603

Clinical Study

Posterior Semicircular Canal Benign Paroxysmal Positional Vertigo Presenting with Torsional Downbeating Nystagmus: An Apogeotropic Variant

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50100 Florence, Italy*

ACTA OTORHINOLARYNGOLOGICA ITALICA 2014;34:189-197

VESTIBOLOGY

Anterior canal BPPV and apogeotropic posterior canal BPPV: two rare forms of vertical canalolithiasis

*Vertigine parossistica posizionale benigna da canalolitiasi anteriore
e da canalolitiasi posteriore apogeotropa: due rare forme di canalolitiasi verticale*

L. CALIFANO, F. SALAFIA, S. MAZZONE, M.G. MELILLO, M. CALIFANO

Departmental Unit of Audiology and Phoniatics "G. Rummo" Hospital, Benevento, Italy

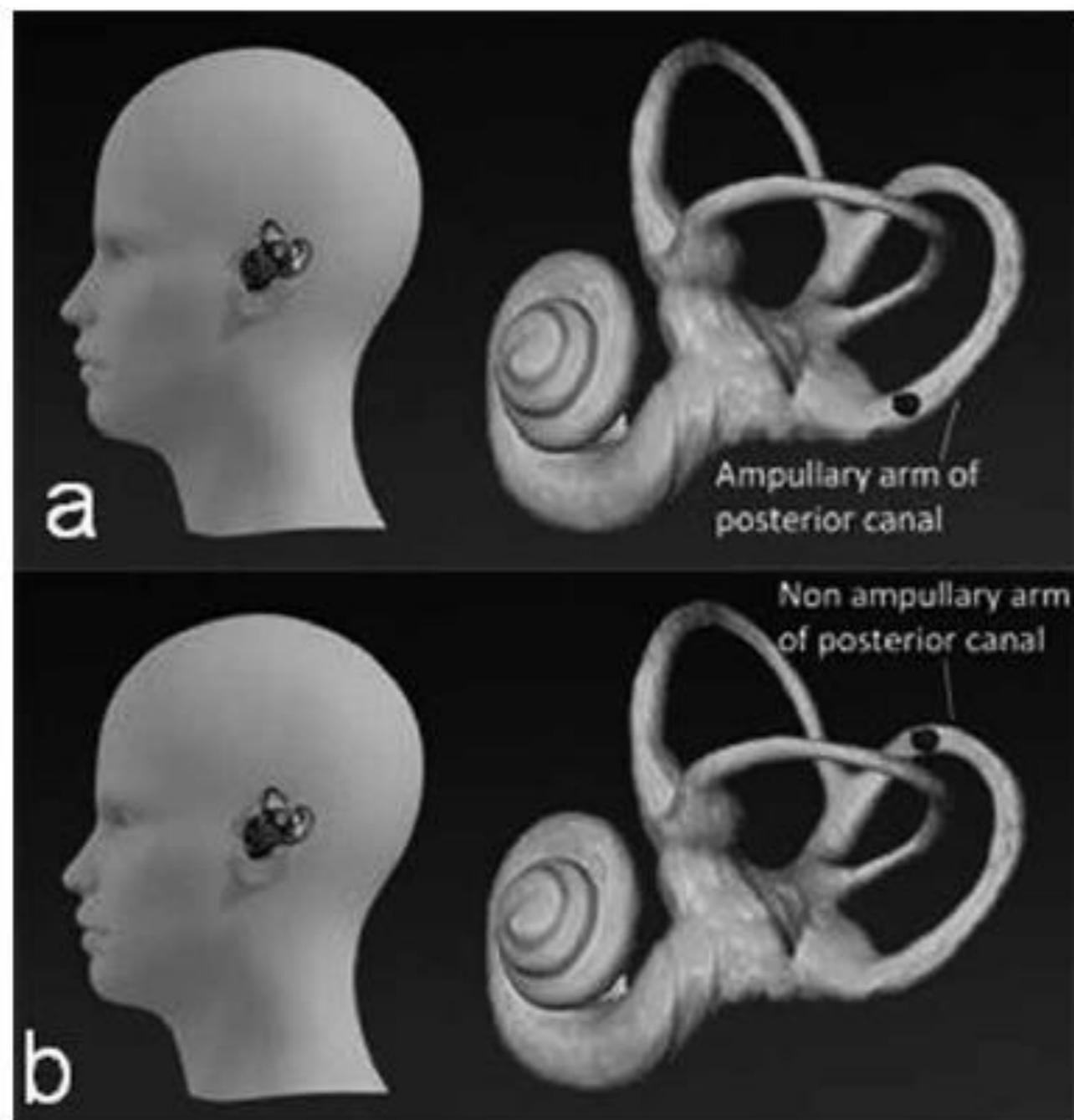


Fig. 1. Left posterior canal BPPV in sitting position. a: TPC: otoliths are in the ampullary arm of the canal; b: APC: otoliths are in the non-ampullary arm of the canal.

Nistagmo Parossistico da Posizionamento da interessamento del CSP (variante apogeotropica)

Diversamente da quanto accade nella variante geotropica della VPP del CSP il Ny è scatenato da qualunque movimento della testa sul piano verticale, sia che questo coincida con quello del CSP interessato, sia che il movimento avvenga sul piano del CSP controlaterale o in posizione di Rose

Similparossistico

Rotatorio
Apogeotropo
e downbeating

Dissociato

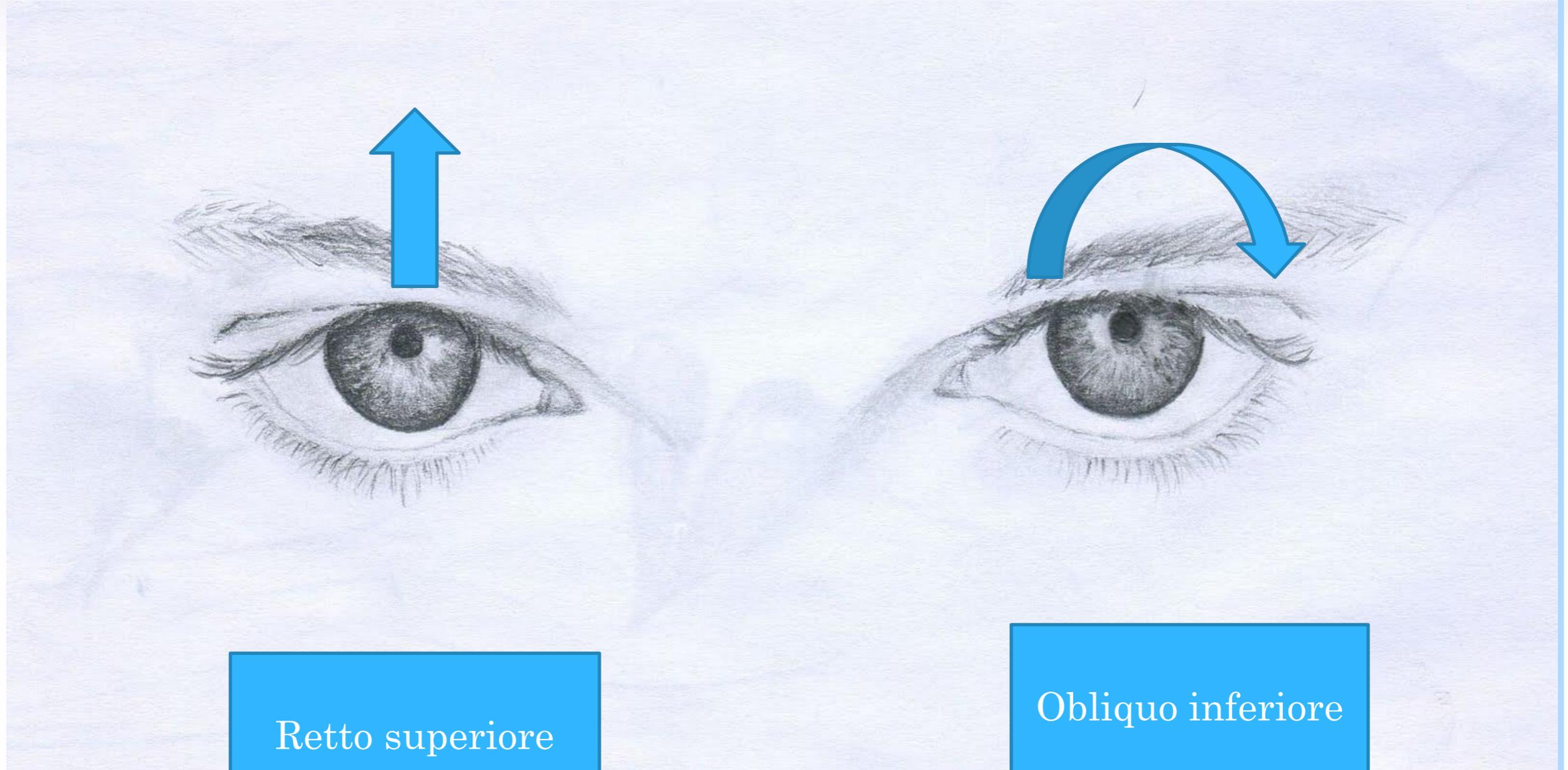
Durata variabile
(lungo)

Vertigine meno
intensa. Maggior
disequilibrio

Manca
inversione in
posizione seduta

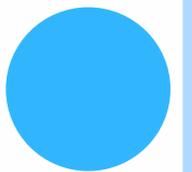
Affaticabilità scarsa

FASE LENTA NISTAGMO CSP SINISTRO NELLA VARIANTE APOGEOTROPA

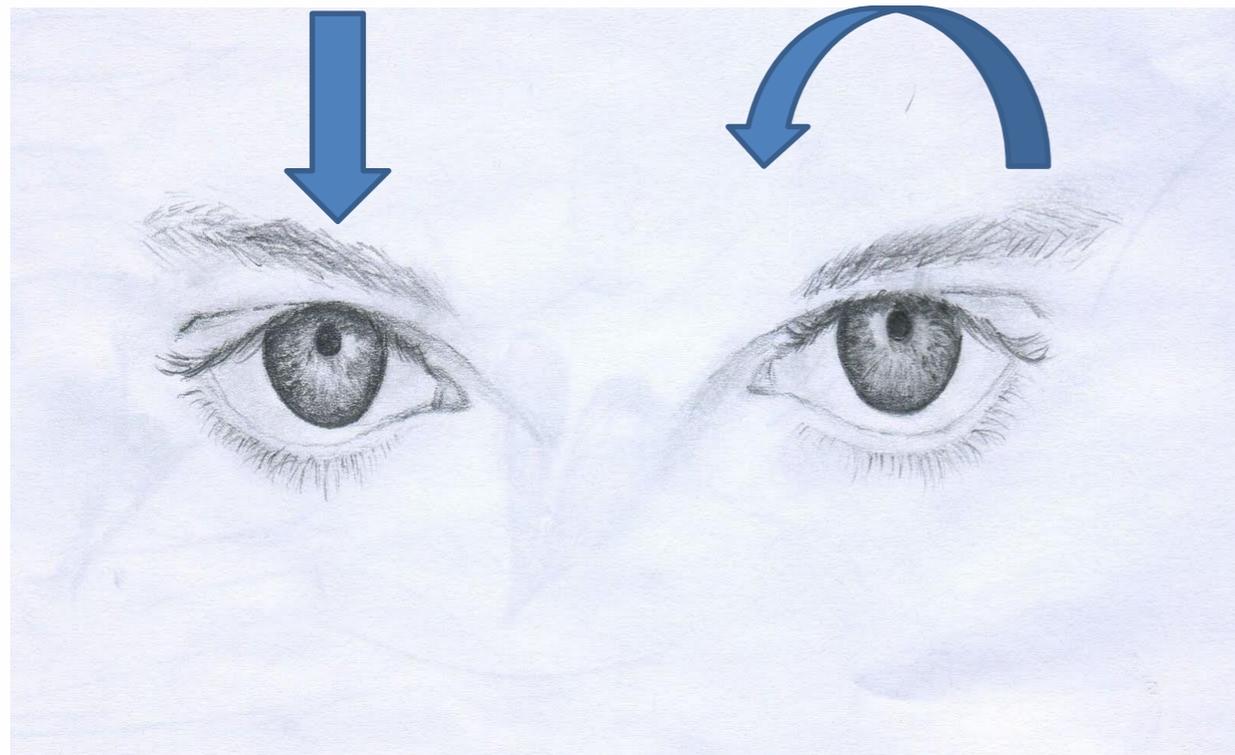


Retto superiore

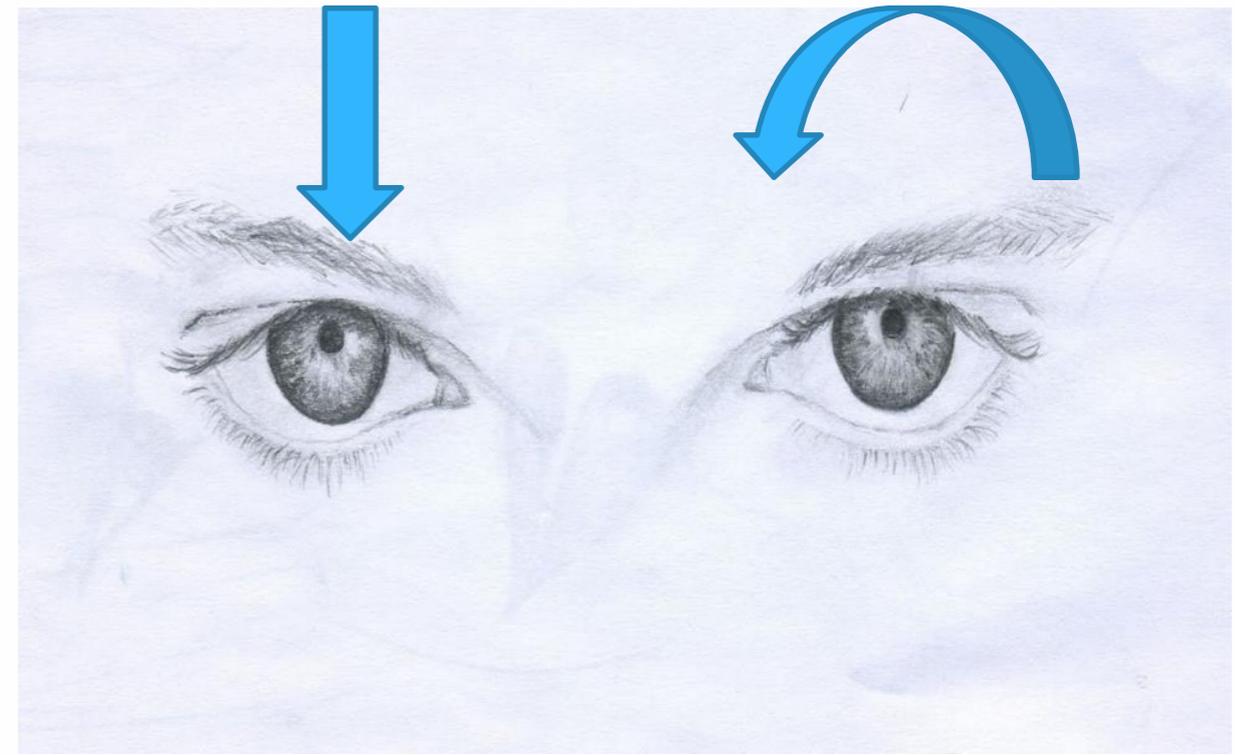
Obliquo inferiore

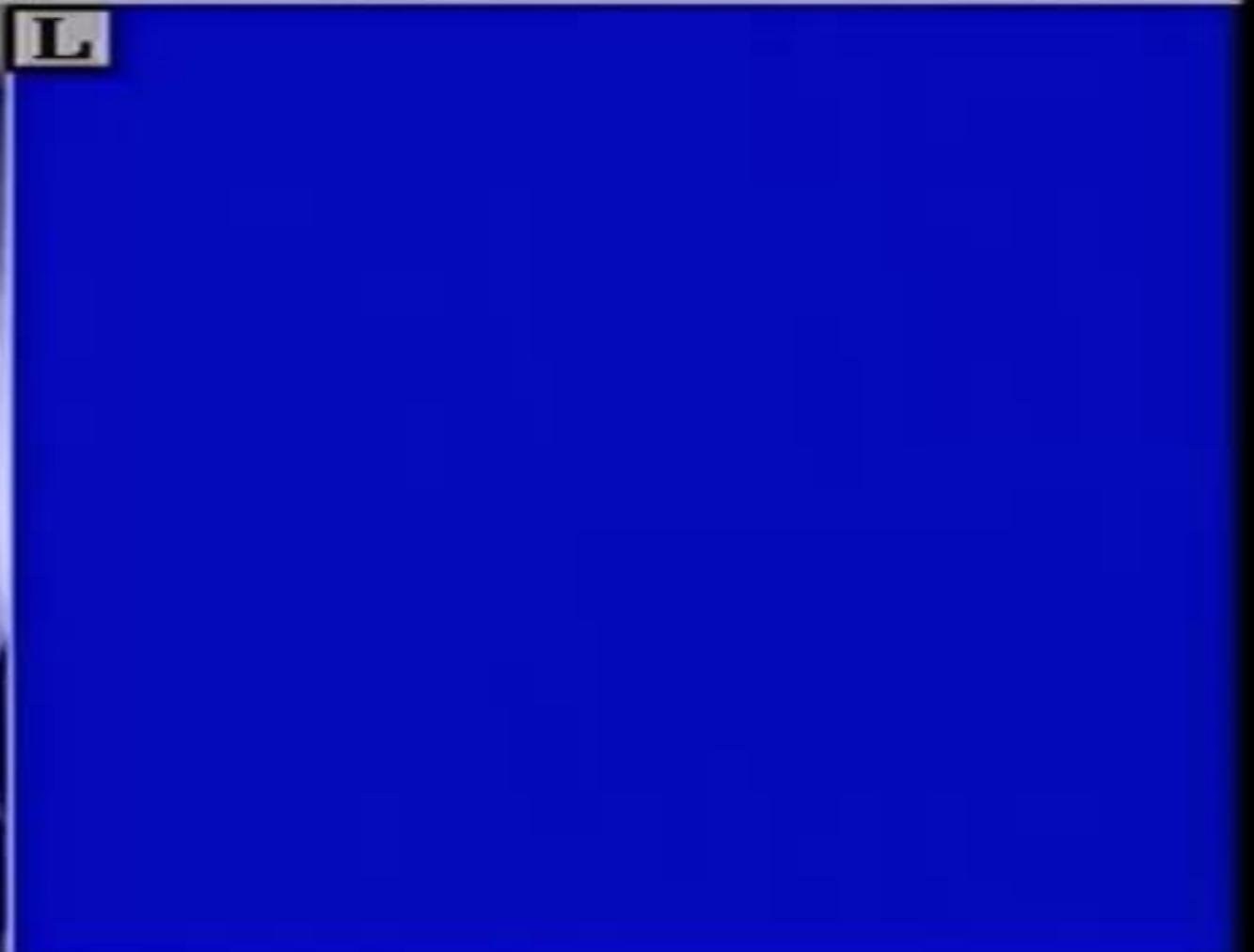


Fase rapida Nistagmo CSA destro



Fase rapida Nistagmo CSP sinistro (variante apogeotropica)





VPPB DA CANALOLITIASI POSTERIORE SX "APOGEOTROPA»

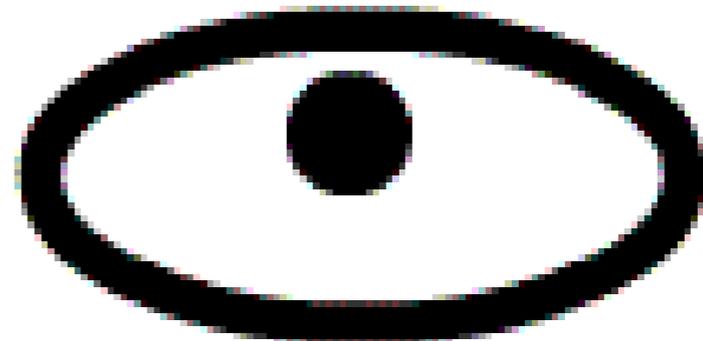
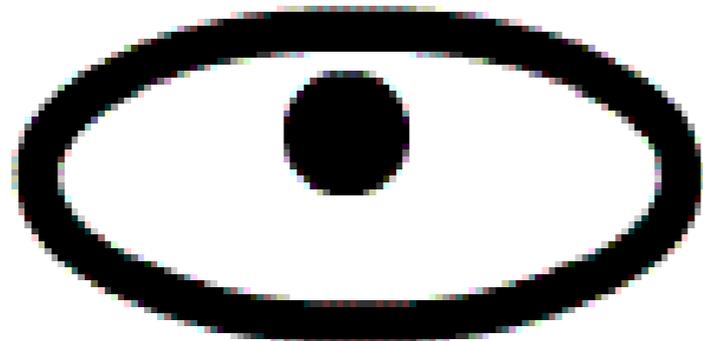
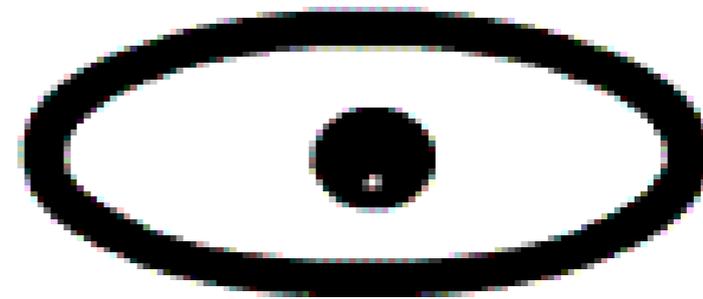
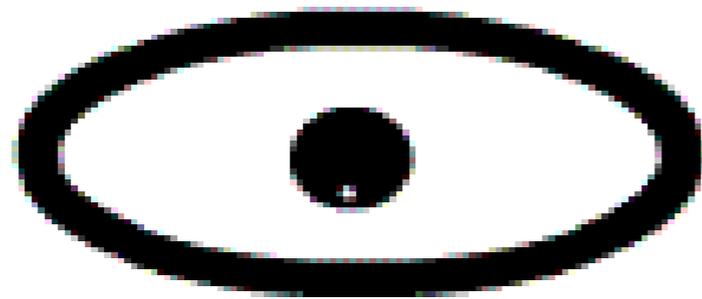




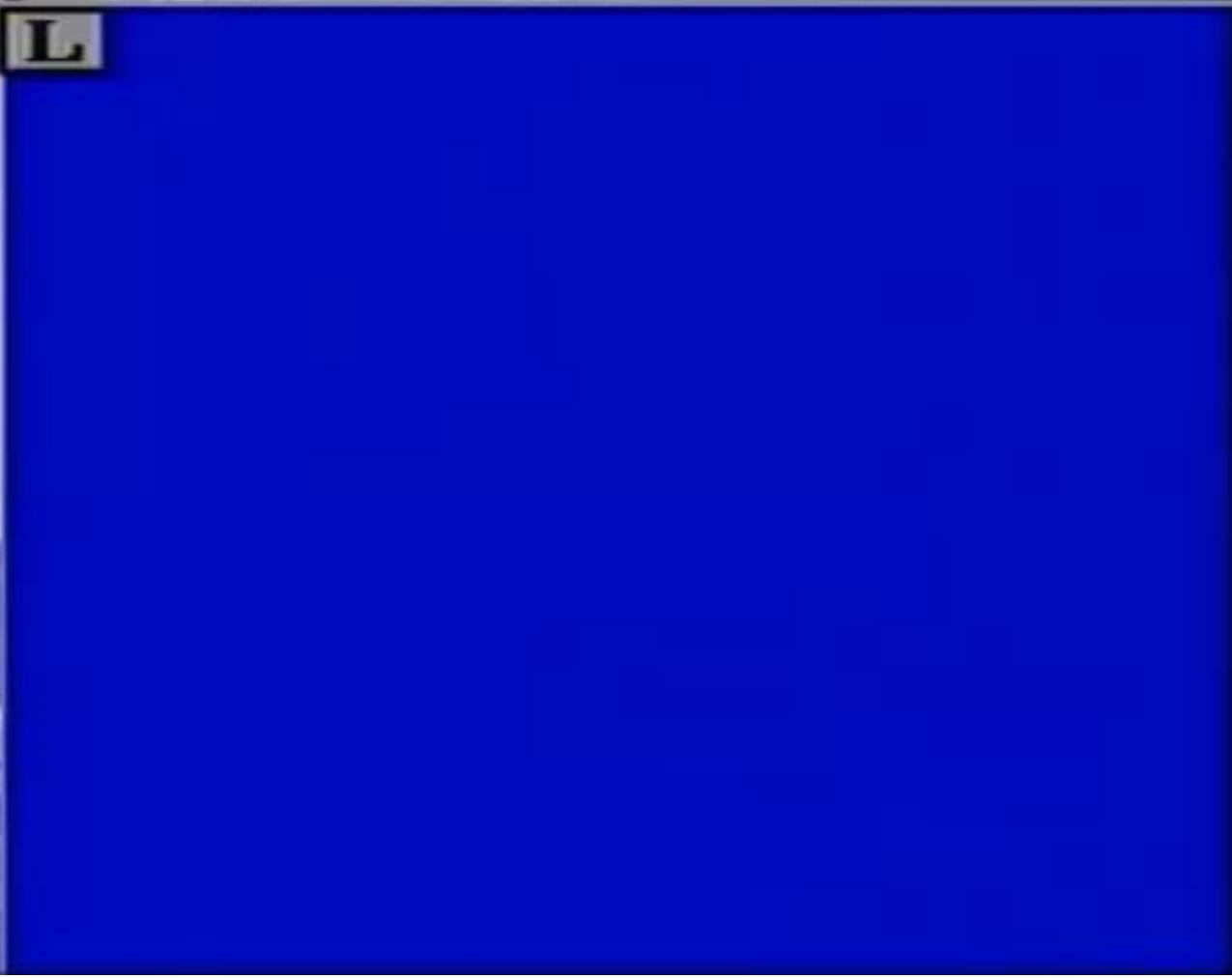








CORRENTE AMPULLIPETA
INIBITORIA
NY DOWNBEAT ANTIORARIO



L'incerto.... La variante di Scocco

- Il nistagmo è evocato massimamente o esclusivamente nel riassumere la posizione seduta dal posizionamento di Dix-Hallpike

Sitting Up Vertigo. Proposed Variant of Posterior Canal
Benign Paroxysmal Positional Vertigo

Darío H. Scocco, Iván E. García, and María A. Barreiro

Sitting Up Vertigo. Proposed Variant of Posterior Canal Benign Paroxysmal Positional Vertigo

Darío H. Scocco, Iván E. García, and María A. Barreiro

DISCUSSION

We find, in this cohort of patients, a vertical-torsional, up-beating positional paroxysmal nystagmus suggestive of stimulatory-ampullofugal deflection of the P-SSC cupula when sitting up from the ipsilateral DH. This finding is atypical and, as far as we are concerned, has not been previously reported. Personal history consistent with positional vertigo in all patients and the performance of CRM for a documented ipsilateral P-SSC canalolithiasis under 7 days before the findings in eight out of 15 patients, suggest this mechanism.

Sitting Up Vertigo. Proposed Variant of Posterior Canal Benign Paroxysmal Positional Vertigo

Darío H. Scocco, Iván E. García, and María A. Barreiro

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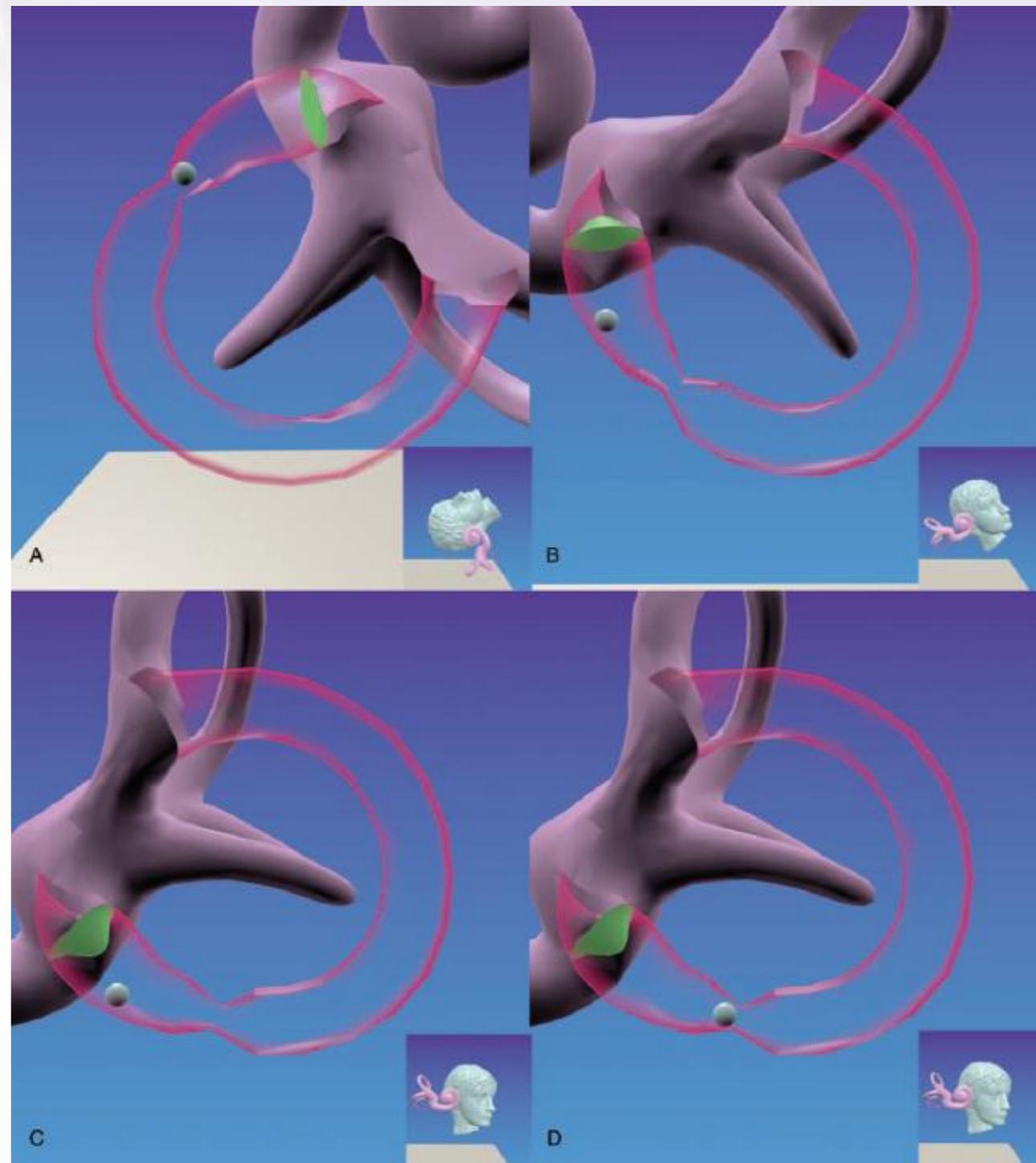


FIG. 1. Proposed model of posterior cupula deflection on sitting up. *A*, Right P-SCC on DHi. Free-floating otoconial debris on the descending periampullar portion with a distal restriction on its displacement. *B*, Ampullopetal movement of the debris mediated by negative inertia force on sitting up. *C*, Posterior ampullofugal movement of the debris mediated by gravitational force evokes an ampullofugal excitatory cupular deflection. *D*, Sustained ampullofugal excitatory cupular deflection mediated by a proposed canalith jam valvular mechanism. P-SCC indicates posterior semicircular canal.

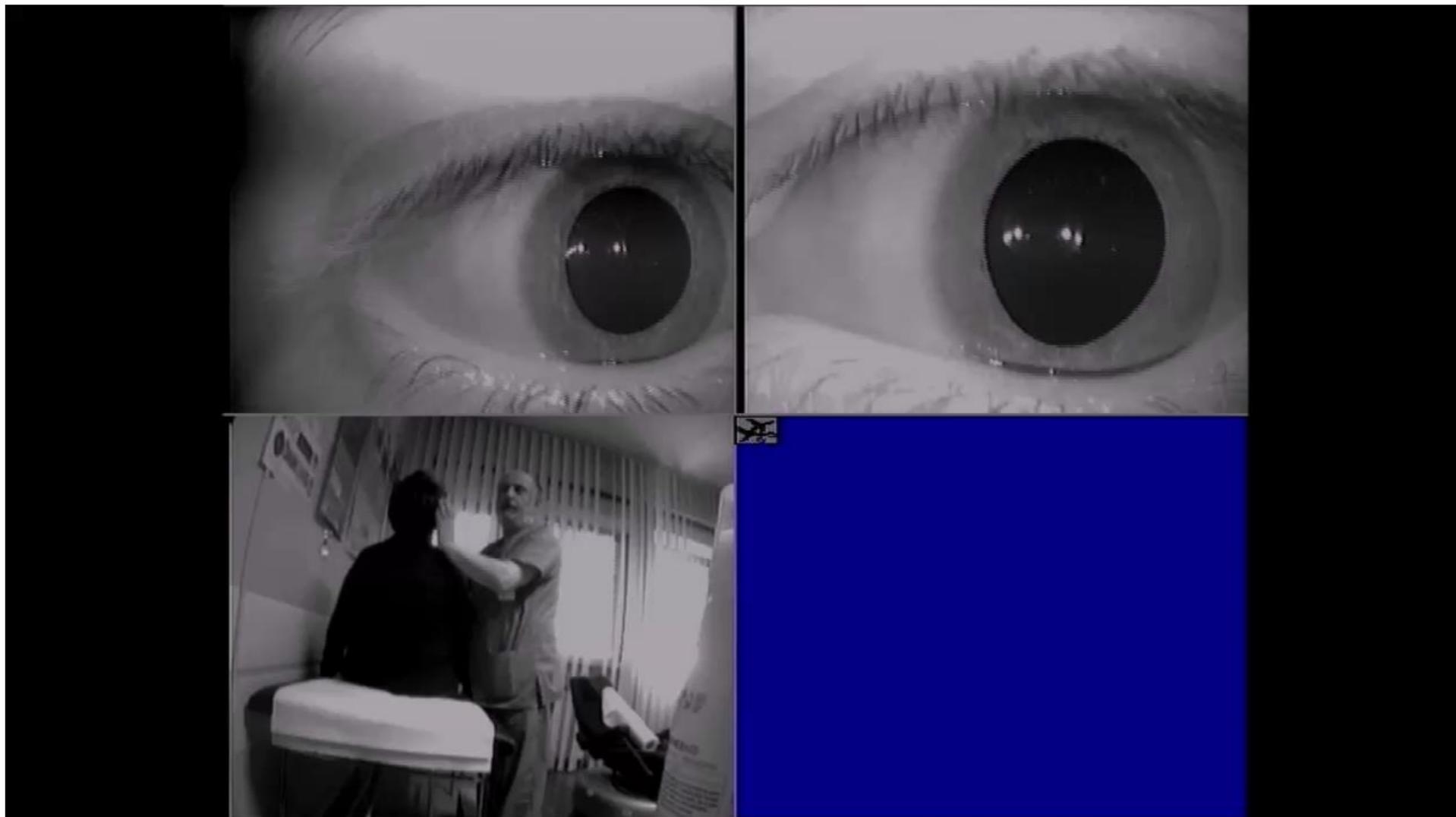


L'incerto... molto incerto... La variante di Yetiser

Case Report

A New Variant of Posterior Canal Benign Paroxysmal Positional Vertigo: A Nonampullary or Common Crus Canalolithiasis

Sertac Yetiser

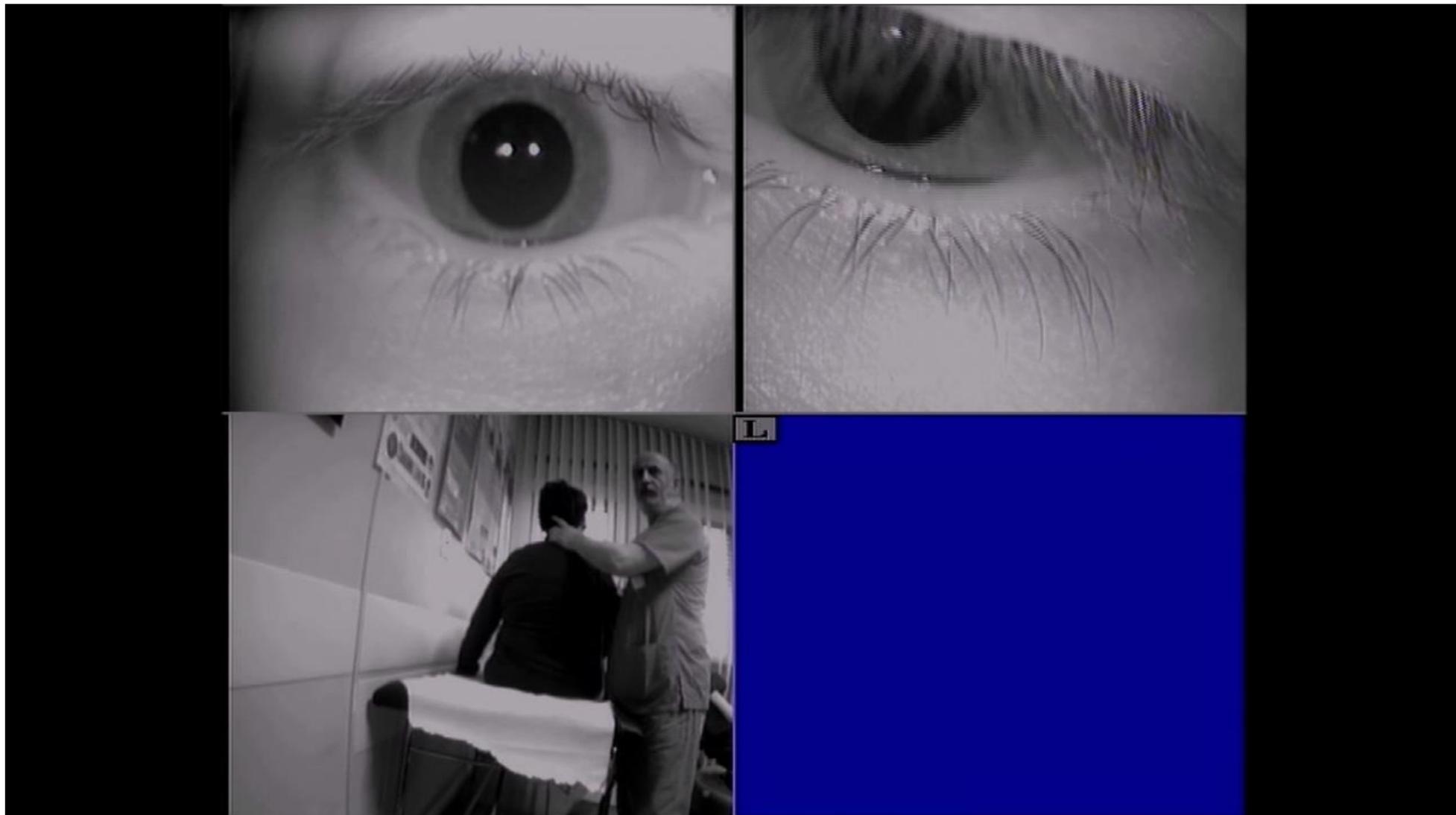


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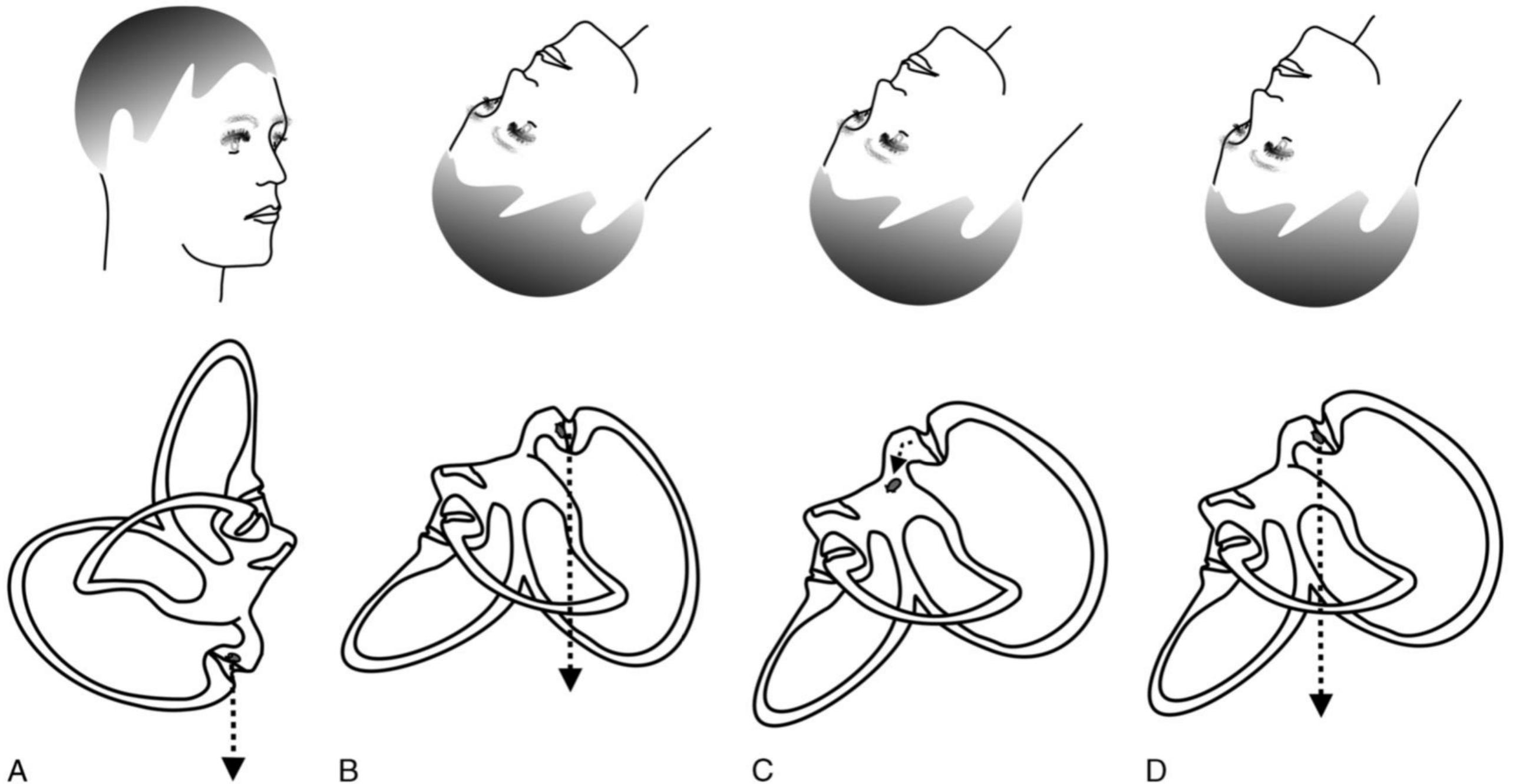


L'incerto... non evocabilità del nistagmo: la BPPV type2

- Dissociazione clinico-semeiologica
 - I sintomi non si associano a nistagmo

Ammasso sufficiente a generare vertigine ma non ad attivare il VOR

Short arm posterior canalolithiasis (type 2 BPPV)



Nella figura C e B la stimolazione porterebbe ad una percezione soggettiva di vertigine ma senza l'attivazione del VOR quindi senza nistagmo.

Non evocabilità del nistagmo

Sitting-up vertigo and trunk retropulsion in patients with benign positional vertigo but without positional nystagmus

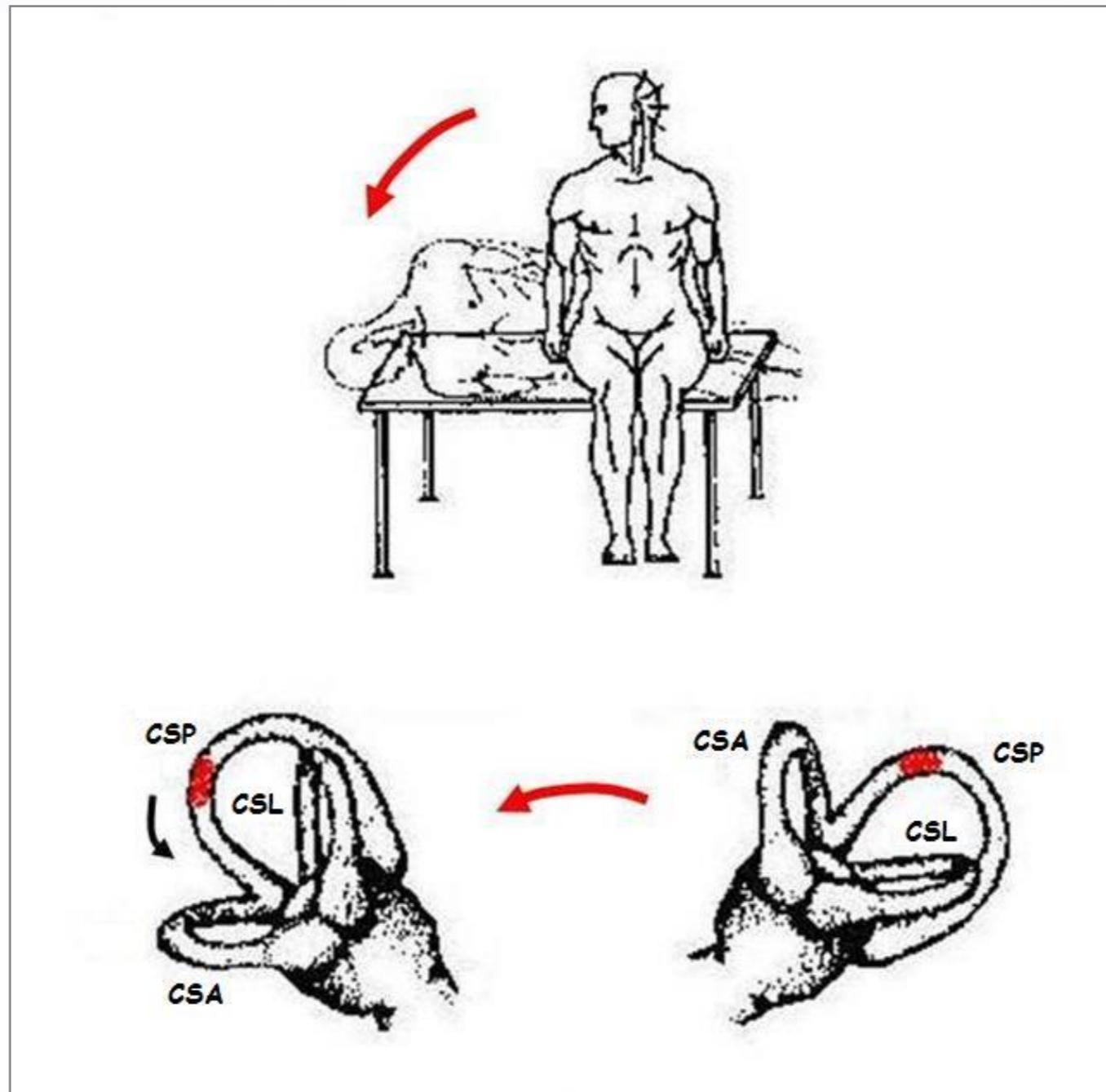
Béla Büki,¹ László Simon,² Sándor Garab,² Yunxia W Lundberg,³ Heinz Jünger,¹ Dominik Straumann⁴

Forma probabilmente non della vera fase acuta della VPPB del canale posteriore, ma sorta di esito osservabile in caso di lunga durata della malattia senza trattamento

Gli AA. propongono come terapia una ripetizione multipla della manovra di Dix-Hallpike sul lato affetto

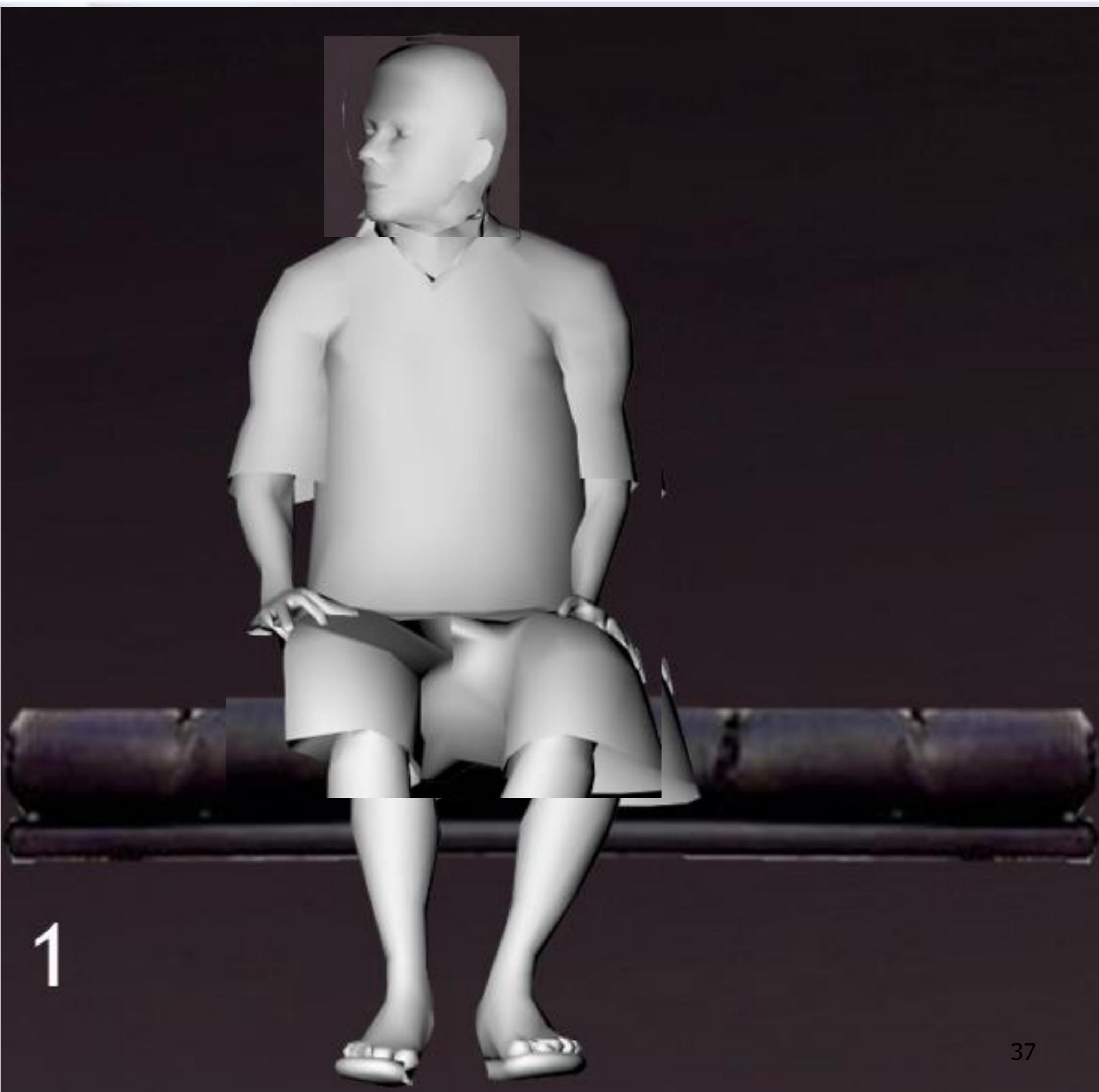
L'incerto...manovre liberatorie per la
variante apogeotropica del posteriore

"Mezza Semont"

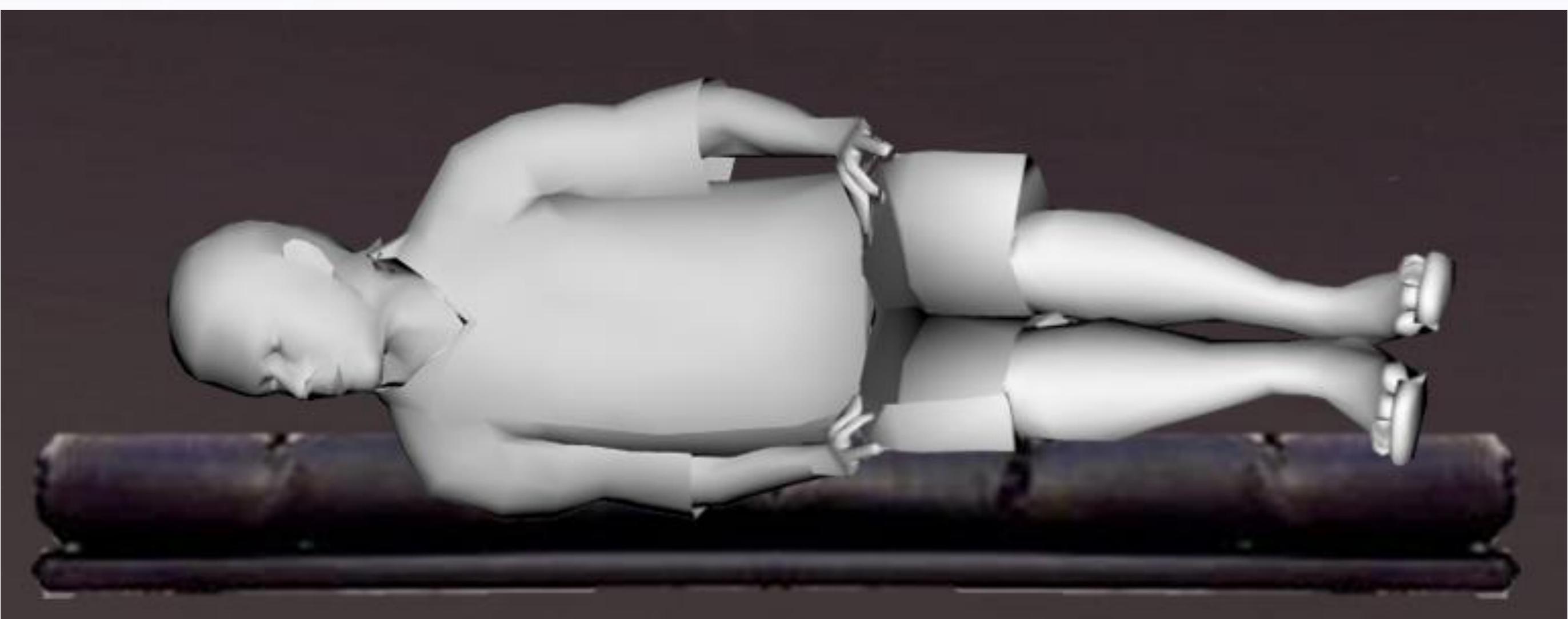


VPPB DA CANALOLITIASI
POSTERIORE SX
APOGEOTROPA

MANOVRA «MEZZA SEMONT»



1







VESTIBOLOGY

Anterior canal BPPV and apogeotropic posterior canal BPPV: two rare forms of vertical canalolithiasis

Vertigine parossistica posizionale benigna da canalolitiiasi anteriore e da canalolitiiasi posteriore apogeotropa: due rare forme di canalolitiiasi verticale

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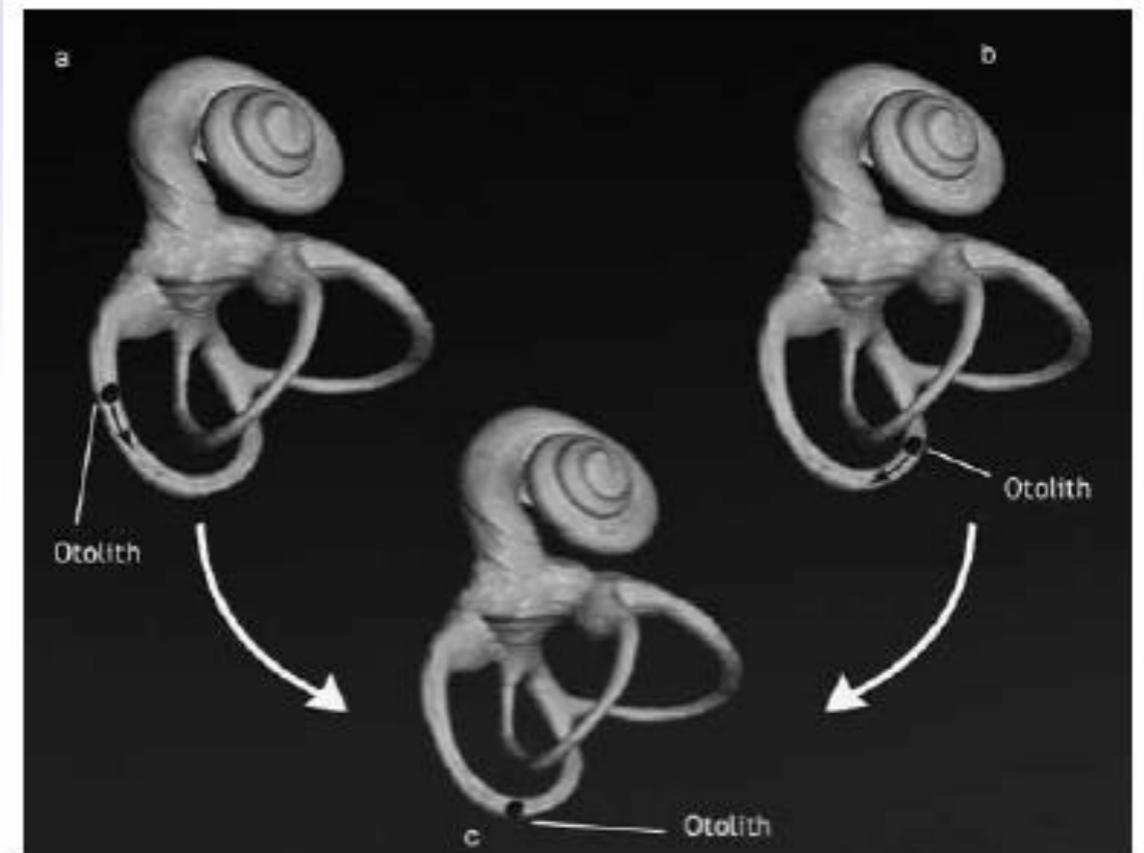


Fig. 4. Left typical (a) and apogeotropic (b) posterior canal BPPV: the final position of otoliths in the Dix-Hallpike positioning test is the same, in the sloping part of the canal (c).

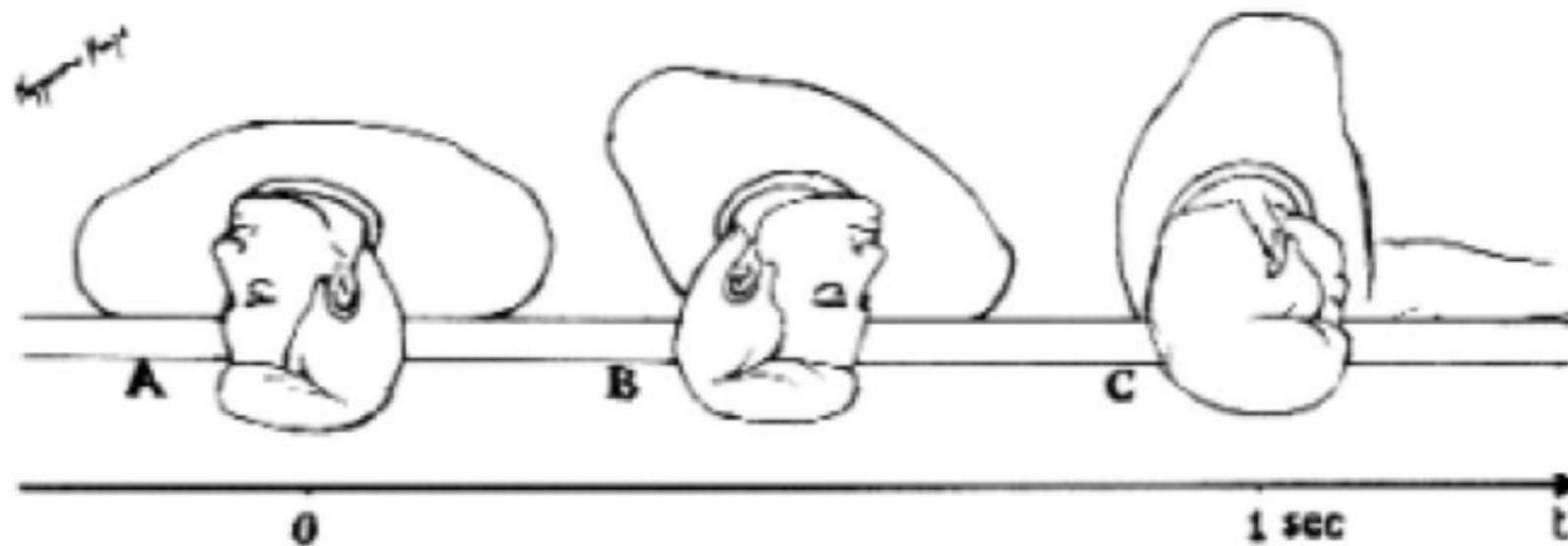
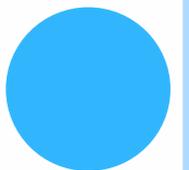


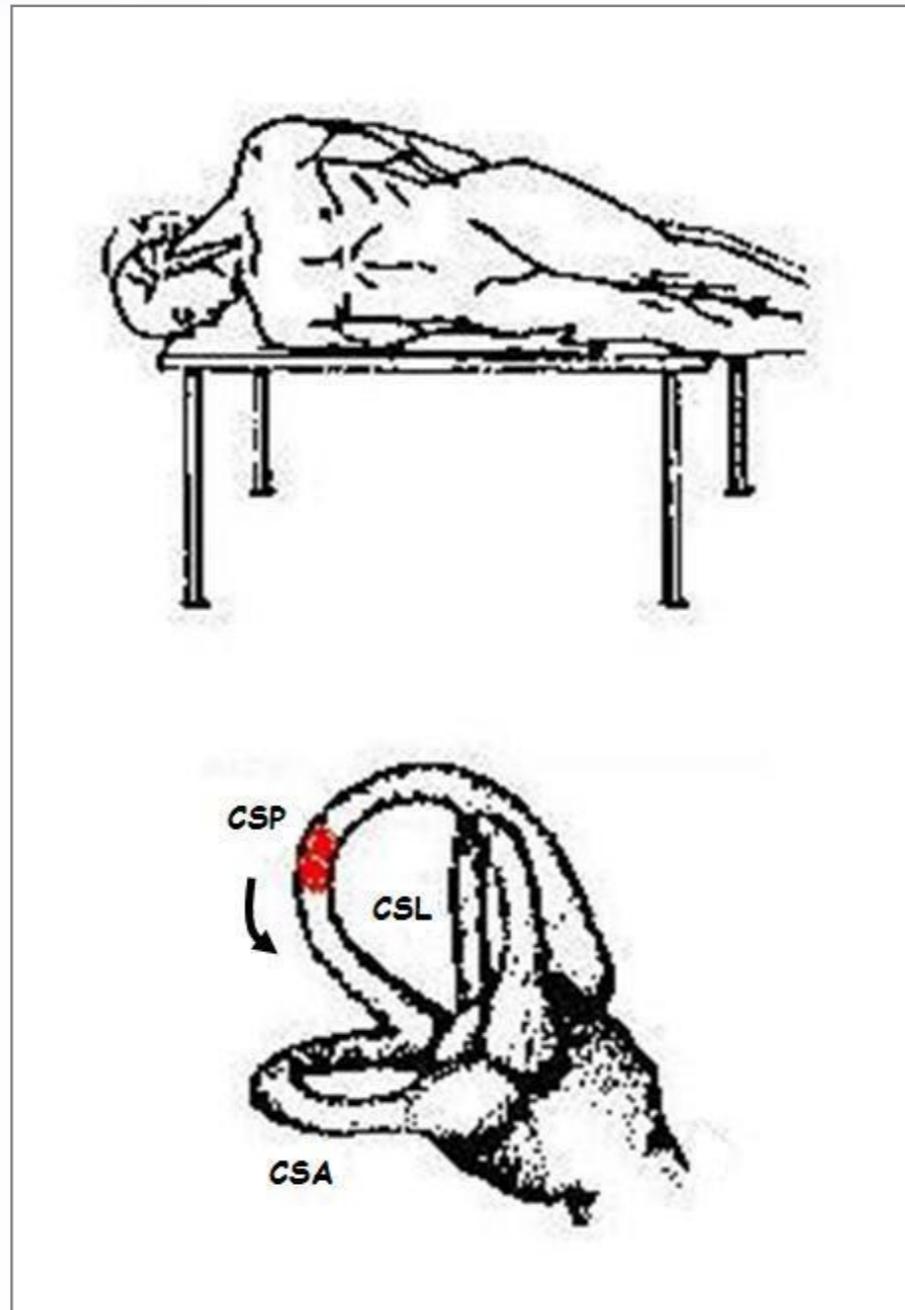
Fig. 2. Dynamics of QLR. From left to right: A. Starting position (-45°); B. "Dynamic" middle position (about $+45^\circ$); C. Final lying position (about $+135^\circ$). Velocity of head is about $180^\circ/\text{sec}$.

“45° PLC” per la variante apogeotropa del canale posteriore sinistro

Si chiede al paziente di posizionarsi sul fianco destro con la testa ruotata di 45° verso il basso; il paziente dovrebbe rimanere in questa posizione per almeno 8-10 ore.



"45° PLC"



QUALE STRATEGIA ADOTTARE IN CASO DI DUBBIO TRA VPPB DEL CSP APO O CSA ?



1. **Subito, manovra specifica per il CSP “apogeotropo”:**
 - a. Quale manovra?:
 - “mezza Semont” in ambulatorio + “45° PLC” a casa
 - Manovra identica a quella per la variante geotropa »classica«
 - solo “45° PLC” a casa
2. **In seconda battuta, manovra per il CSA (es. Yacovino)**
3. **In caso di resistenza, tecnica dispersiva di Brandt-Daroff**
4. **In caso di non risposta, cambiamo orientamento diagnostico**



VPPB LATERALE ATIPICA

DIRECTION FIXED

Casi primitivi di vertigine parossistica posizionale da canalolitiasi laterale con nistagmo a direzione fissa:

Pagnini-McClure: ny parossistico da posizionamento che batte verso il lato sano, sia nel posizionamento sul lato malato (apogeo) sia nel posizionamento sul lato sano (geo).

Semigeotropo: il lato malato è quello del nistagmo geotropo

Semiapogeotropo: il lato malato è quello del nistagmo apogeotropo

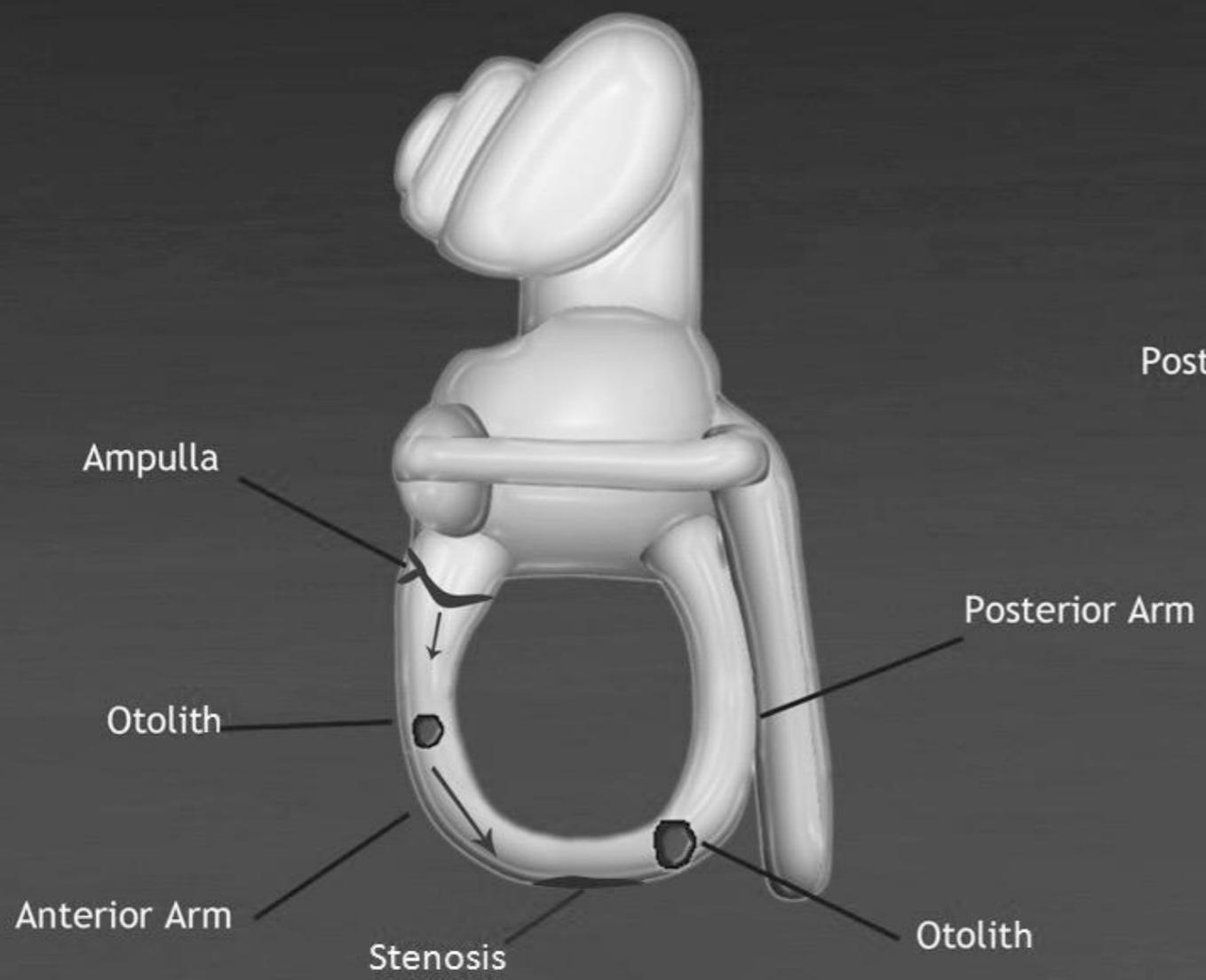
Tale varietà è stata segnalata per la prima volta da Vannucchi e Pecci, come forma transitoria osservata durante la trasformazione di una forma apogeotropa classica in una forma geotropa

Il posizionamento diagnostico secondo Pagnini-McClure ha evocato la comparsa di nistagmo parossistico orizzontale biposizionale monodirezionale: su un lato è stato evocato un nistagmo orizzontale apogeotropo, sull'altro lato un nistagmo geotropo.

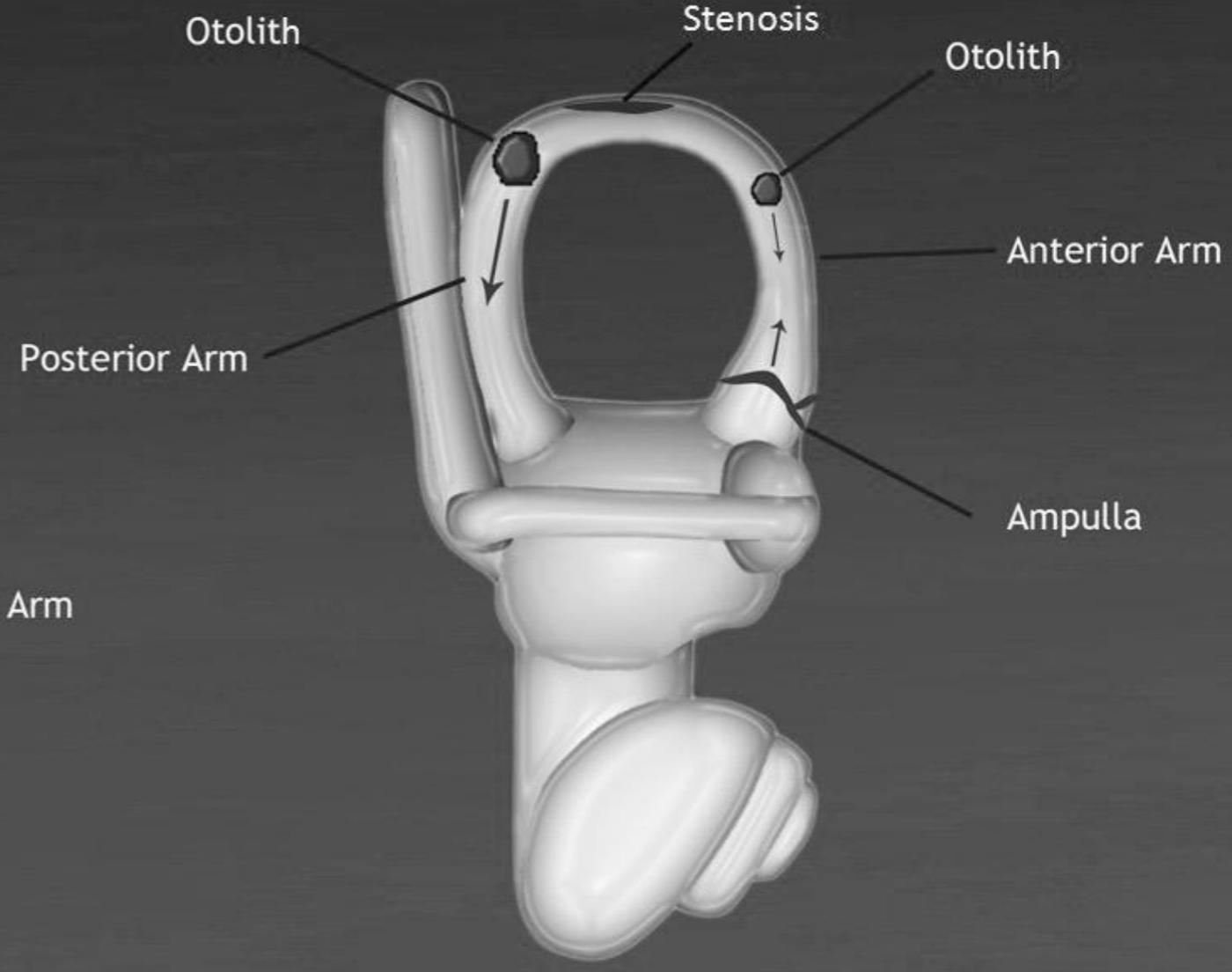
La geotropizzazione è ottenuta in genere con HPM sul piano sagittale in posizione seduta, o con la manovra di laterorotazione cefalica ripetuta in posizione supina.

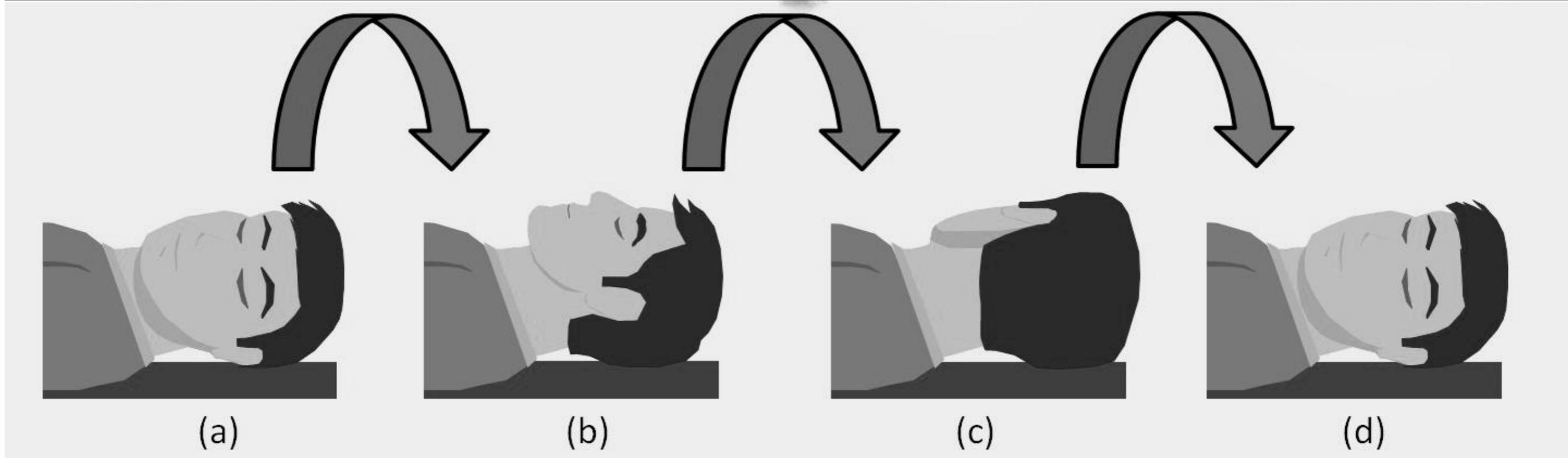
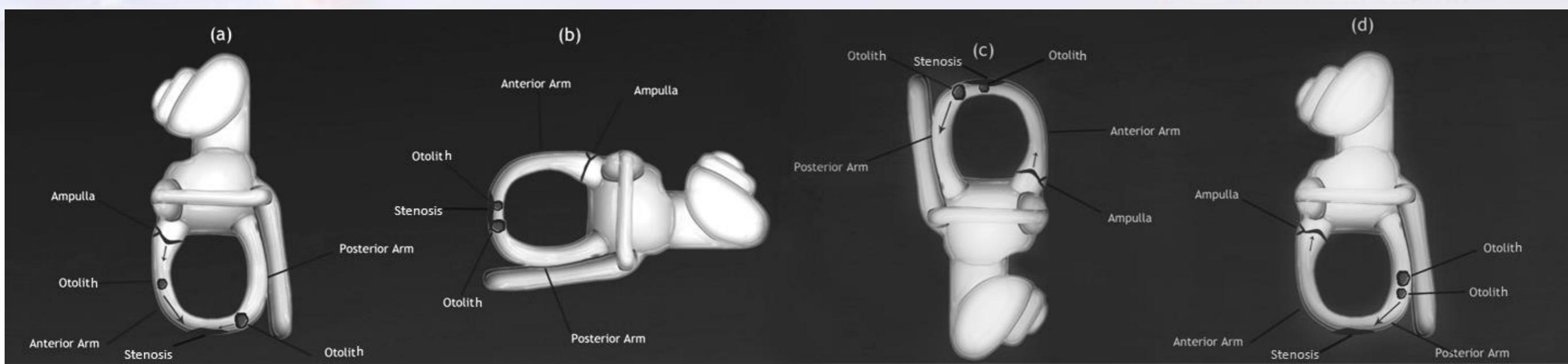


(a)



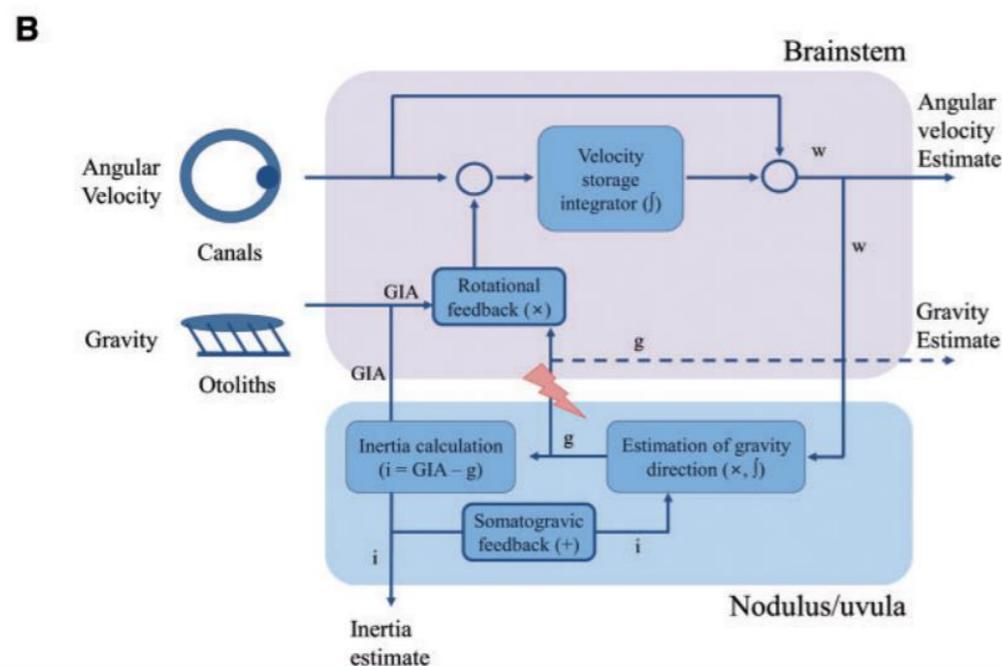
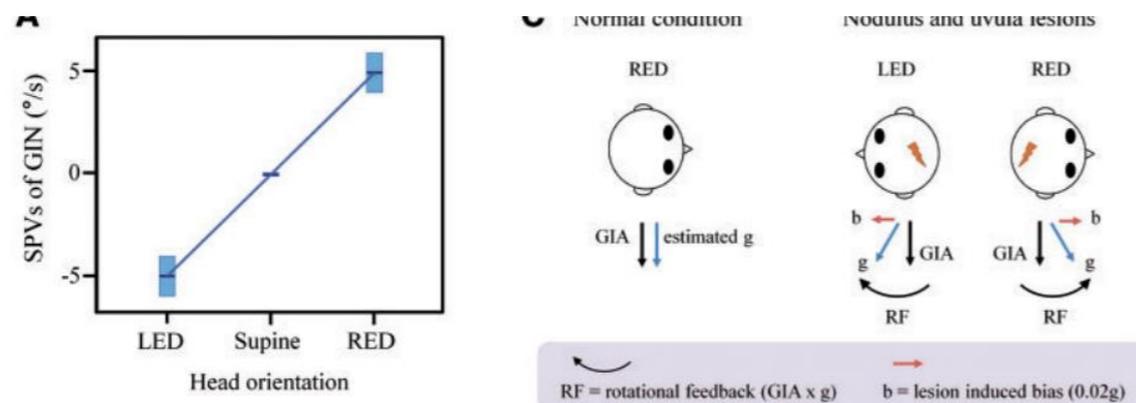
(b)





Characteristics and mechanism of apogeotropic central positional nystagmus

Jeong-Yoon Choi,^{1,*} Stefan Glasauer,^{2,3,*} Ji Hyun Kim,⁴ David S. Zee⁵ and Ji-Soo Kim¹



Pattern of apogeotropic nystagmus in CPN and BPPV

On the other hand, the spontaneous horizontal nystagmus differed little between the sitting and supine positions in the CPN group, while the nystagmus usually became considerably greater in the supine than in the sitting position in the BPPV group. Thus, augmentation of spontaneous nystagmus while supine favors the diagnosis of apogeotropic HC-BPPV. In apogeotropic CPN, the similar intensity of the nystagmus between the sitting and supine positions suggests that changes in the gravity orientation from sitting to supine do not affect the horizontal nystagmus. In contrast, in apogeotropic BPPV, the increment of spontaneous horizontal nystagmus in the supine position may be explained by the change in the orientation relative to gravity of the cupula, laden with otolithic debris, within the lateral semi-circular canal (Koo *et al.*, 2006; Lee *et al.*, 2007).

Il ny si modifica nei cambi di posizione seduto\supina nella forma periferica mentre rimane invariato nella forma centrale



**GRAZIE PER
L'ATTENZION
E**

