Benign paroxysmal vertigo of childhood

Łagodne napadowe zawroty głowy typu dziecięcego

Józef Mierzwiński, Maciej Polak, Krzysztof Dalke, Paweł Burduk, Henryk Kaźmierczak, Marek Modrzyński

Summary

Objective. To relate the authors' experience to the diagnosis and follow-up of patients with benign paroxysmal vertigo of childhood (BPV) who were followed-up at the Children's Hospital of Bydgoszcz between 1999 and 2004, and to review and discuss controversial issues regarding the disease. Methods. Among 124 children suffering from vertigo 14 were classified as having BPV. All the children were submitted to differential diagnosis protocol which consisted of meticulous history, otolaryngological, ophthalmological, psychological, neurological examination, biochemical tests and standard neurootological examination including caloric tests. The children were followed-up and the tests were repeated if no improvement was observed. Results. All the children suffered from episodic vertigo of variable intensity and frequency. All of them were neurologically intact. In 8 patients pathologic ENG results were found, only 1 patient with canal paresis could be considered as having peripheral lesion, 7 patients had central/mixed pathology. The follow-up was favorable in majority of patients. Six of them recovered completely, in 6 an improvement was noted and in 2 no improvement was observed. Three patients after remission of BPV attacks developed migraine. One child before development of BPV attacks suffered from paroxysmal torticollis of infancy. Conclusions. Childhood BPV is a disorder of vestibular system with the onset occurring mainly in preschoolers aged 1—7. Older children with the onset of BPV-like symptoms should be suspected for functional background of the disease. There are no typical ENG features for BPV. The only objective evidence of vestibular dysfunction is the presence of nystagmus during the attack. The disease is probably of vascular origin and there is strong evidence for close relationship between spasmodic torticollis, BPV and migraine.