Vestibular paroxysmia presenting with irritative nystagmus

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Figure 1 MRI brain

Postcontrast T1 coronal/axial MRI: right petroclival meningioma (13 × 32 mm), abutting the right vestibulocochlear nerve causing brainstem compression.

A 54-year-old woman with a large right petroclival meningioma (figure 1) reported spontaneous spinning vertigo, oscillopsia, and right-sided “clicking” tinnitus lasting 5–30 seconds, recurring every 5–10 minutes. Examination with video-Frenzel goggles revealed flurries of spontaneous right-beating, horizontal-torsional (irritative) nystagmus, time-locked with vertigo (video 1). Hearing was symmetrical with right vestibular hypofunction affecting all 3 semi-circular canals and the saccule (figure 2). Vestibular paroxysmia was diagnosed and carbamazepine 100 mg BD was prescribed. The patient was asymptomatic at 4 weeks. Eighth cranial nerve neurovascular cross-compression may cause vestibular paroxysmia characterized by brief spells of spontaneous and positional vertigo associated with unilateral audiovestibular deficits.^{1,2}

Author contributions

Allison Young: acquisition of data, original figure illustrations, revised and approved the manuscript for intellectual content. Benjamin Jonker: acquisition of data, reviewed the clinical case, revised and approved the manuscript for intellectual content. Miriam Welgampola: acquisition of data, reviewed the clinical case, revised and approved the manuscript for intellectual content.

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Figure 2 Audiovestibular test results

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Disclosure

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