Teaching Video NeuroImages: Intralabyrinthine schwannoma masquerading as Ménière disease

Sun-Uk Lee, MD, Hyo-Jung Kim, PhD, Jeong-Yoon Choi, MD, PhD, Jae-Jin Song, MD, PhD, Byung-Se Choi, MD, PhD, and Ji-Soo Kim, MD, PhD

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Correspondence

Dr. J.-S. Kim
jisookim@snu.ac.kr

Figure Patient findings

(A) Video head-impulse tests are positive to the right. AC = anterior canal; HC = horizontal canal; PC = posterior canal. (B) MRIs show a loss of T2 signal intensity at the basal cochlea (dashed lines and arrow) and vestibule (arrowhead) in the right ear (B.a) and abnormal enhancements in the corresponding areas (B.b).

A 56-year-old woman presented with recurrent spontaneous vertigo, fluctuating tinnitus, and ear fullness. Examination showed spontaneous nystagmus beating leftward and counter-clockwise without fixation, which changed into right-beating during rightward gaze and after hyperventilation (video 1). She also showed positive head impulse tests for

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From the Department of Neurology (S.-U.L.), Korea University Medical Center, Seoul; and Research Administration Team (H.-J.K.), Dizziness Center, Clinical Neuroscience Center (J.-Y.C., J.-S.K.), and Departments of Neurology (J.-Y.C., J.-S.K.), Otolaryngology-Head and Neck Surgery (J.-J.S.), and Radiology (B.-S.C.), Seoul National University Bundang Hospital, and Department of Neurology, Seoul National University College of Medicine (S.-U.L., J.-Y.C., J.-S.K.), Seongnam, South Korea.

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all semicircular canals on the right side (figure, A), right caloric paresis of 94%, and right sensorineural hearing loss from schwannoma restricted to right labyrinth (figure, B). Intralabyrinthine schwannoma is a rare and underrecognized cause of recurrent audiovestibulopathy, masquerading as Ménière disease.¹ High-resolution MRIs allow antemortem diagnosis,² and labyrinthectomy may be attempted when refractory with medication.¹

This study followed the tenets of the Declaration of Helsinki and was performed according to the guidelines of the institutional review board of Seoul National University Bundang Hospital (1902/523-109).

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Disclosure

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Appendix Authors

Name	Location	Role	Contribution
Sun-Uk Lee, MD	Korea University Medical Center, Seoul, South Korea	Author	Analyzed and interpreted the data and wrote the manuscript
Hyo-Jung Kim, PhD	Seoul National University Bundang Hospital, Seongnam, South Korea	Author	Analyzed and interpreted the data, and revised the manuscript
Jeong-Yoon Choi, MD, PhD	Seoul National University Bundang Hospital, Seongnam, South Korea	Author	Analyzed and interpreted the data, and revised the manuscript
Jae-jin Song, MD, PhD	Seoul National University Bundang Hospital, Seongnam, South Korea	Author	Analyzed and interpreted the data, and revised the manuscript
Byung-Se Choi, MD, PhD	Seoul National University Bundang Hospital, Seongnam, South Korea	Author	Analyzed and interpreted the data, and revised the manuscript
Ji-Soo Kim, MD, PhD	Seoul National University Bundang Hospital, Seongnam, South Korea	Author	Designed and conceptualized the study, interpreted the data, and revised the manuscript

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