A 65-year-old woman with right-sided Ménière disease experienced one of her usual and frequent acute vertigo attacks during eye movement recording (video 1). The attacks were associated with right-sided tinnitus, hearing loss, and vomiting. She initially demonstrated right-beating nystagmus, but after 2 minutes, the nystagmus gradually reversed and became left-beating (video 1). During the reversal, downbeat nystagmus was present temporarily. The left-beating nystagmus then persisted for 2 hours.

We captured the classic change in direction of spontaneous nystagmus in acute Ménière disease (figure). Our patient demonstrated initial irritative nystagmus beating towards the affected ear, followed by paralytic nystagmus beating towards the unaffected ear. The temporary downbeat nystagmus suggests vertical canal involvement. Although downbeat nystagmus usually indicates a cerebellar lesion, our case supports the existence of peripheral downbeat nystagmus, caused by either stimulation of the anterior canal or inhibition of the posterior canal.
Study Funding
No targeted funding reported.

Disclosure
The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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References

Teaching Video Neuroimages: Spontaneous Nystagmus Reversal in Acute Attack of Ménière Disease
Anand K. Bery and Tzu-Pu Chang
Neurology 2021;96:e2145-e2146 Published Online before print October 14, 2020
DOI 10.1212/WNL.00000000000011053

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