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## Slit Lamp Demonstration of Heartbeat Nystagmus Due to Superior Canal Dehiscence

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**Contributions:**

Emely Zoraida Karam: Drafting/revision of the manuscript for content, including medical writing for content; Major role in the acquisition of data; Study concept or design; Analysis or interpretation of data

Asdrubal F Moreno: Drafting/revision of the manuscript for content, including medical writing for content

Maria Alejandra Benavides: Major role in the acquisition of data; Additional contributions: video acquisition and editing

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A 61-year-old woman developed oscillopsia triggered by the Valsalva maneuver; secondary to barotrauma. The neuro-ophthalmological examination was normal, except for the slit lamp examination, which showed a fine torsional eye movement (Video 1 <http://links.lww.com/WNL/B462> ). After Valsalva maneuver, she developed a conjugate torsional/upbeat nystagmus with the upper poles beating toward the right shoulder. It was synchronous with the heartbeat (Video 1 <http://links.lww.com/WNL/B462> ). Temporal bone computed tomography demonstrated right superior canal dehiscence. (Fig 1)

Heartbeat nystagmus is optimally diagnosed by ophthalmoscopy; however, the slit lamp enables to filming and documenting the diagnostic eye movements.

#### Appendix 1. Authors

Name	Location	Contribution
Emely Z Karam, MD	Centro Medico Docente La Trinidad	Design and conceptualized study; analyzed the data; drafted the manuscript for intellectual content
Asdrubal F Moreno, MD	Universidad de Los Andes	Revised and edited the manuscript.
Maria Alejandra Benavides, MD	Centro Medico Docente La Trinidad	Video acquisition and editing

## References

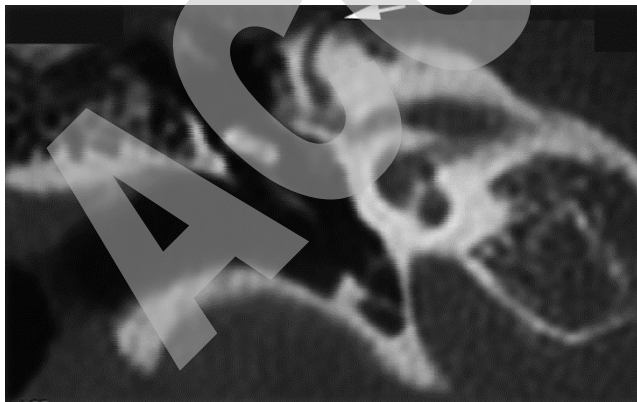
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## Video caption

Video 1: Slit lamp demonstration. Baseline: Fine torsional eye movement. Post Valsalva maneuver, counter-clockwise oscillatory nystagmus

## Figure caption

Figure 1: Right temporal bone computer tomography showing superior semicircular canal dehiscence (white arrow)



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