Slit Lamp Demonstration of Heartbeat Nystagmus Due to Superior Canal Dehiscence

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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

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contribution</th>
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<tbody>
<tr>
<td>Emely Z Karam, MD</td>
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<td>Design and conceptualized study; analyzed the data; drafted the manuscript for intellectual content</td>
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</tbody>
</table>
References


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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