Alexander's law in vestibular neuritis

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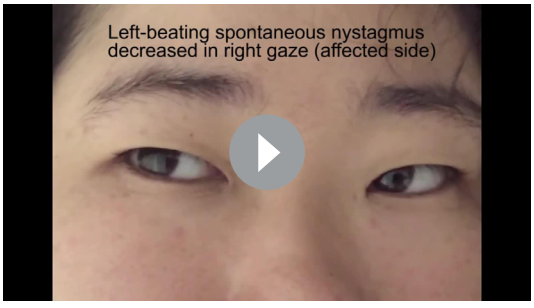
DESCRIPTION

A 21-year-old woman presented with acute onset vertigo and nausea. She had a prior episode of upper respiratory tract infection and no hearing loss. Physical examination revealed left-beating spontaneous nystagmus in primary gaze (figure 1 and video 1). The nystagmus decreased in right gaze and increased in left gaze. Brain MRI was normal. Right vestibular neuritis was diagnosed and her symptoms improved on follow-up at 2 weeks later.

Acute vestibular syndrome is vertigo, nausea or vomit that appears acutely over seconds to hours and lasts for days to weeks.[1] It is important to distinguish between peripheral vertigo such as vestibular neuritis and central vertigo such as cerebellar infarction.[1] Alexander's law refers to spontaneous nystagmus that occurs after an acute unilateral vestibular loss. In the case of peripheral nystagmus, intensity of nystagmus is enhanced when staring in the direction of fast-phase otherwise reduced when staring at the opposite side of the fast-phase.[2]

Figure 1 Alexander's law in vestibular neuritis. The left-beating spontaneous nystagmus increased in gaze left and decreased in gaze right.



Video 1 Alexander's law in vestibular neuritis. Physical examination revealed the left-beating spontaneous nystagmus in primary gaze. The left-beating spontaneous nystagmus decreased in right gaze (affected) and increased in left gaze (intact side).1

Learning points

- Acute vestibular syndrome is vertigo, nausea or vomit that appears acutely over seconds to hours and lasts for days to weeks.
- It is important to distinguish between peripheral vertigo, such as vestibular neuritis and central vertigo, such as cerebellar infarction.
- Alexander's law refers to spontaneous nystagmus that occurs after an acute unilateral vestibular loss.

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