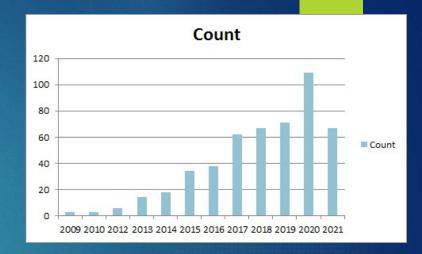
VHIT實作案例與經驗分享

高雄醫學大學 耳鼻喉頭頸外科部 張寧家 醫師

VHIT

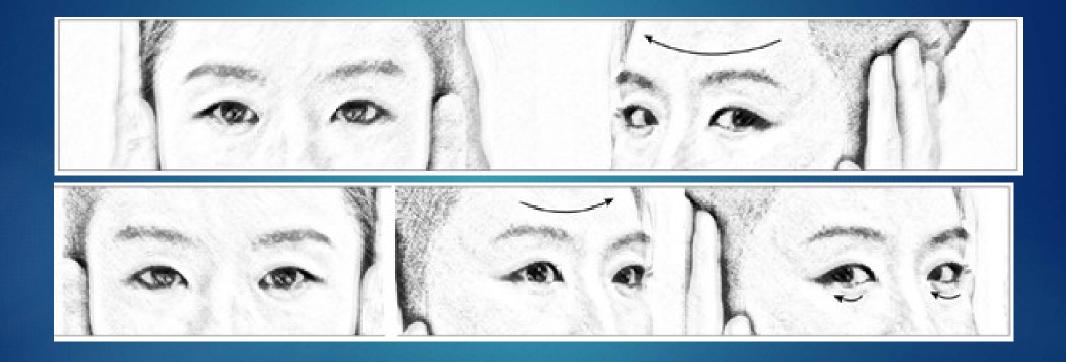
- Video Head Impulse Test
 - ▶ ∨HIT
- Acknowledge of vHIT
 - ▶ 28th Politzer Society Meeting, 2011, Authen, Greece prototype of vHIT by Dr. Halmagyi
 - 29th Barany Society Meeting, 2016, Seoul, Korea reports of vHIT in variety of vertiginous disease (Symposium: 6; Oral: 24; Poster: 28; Total: 58 issues)
 - ▶ IFOS 2017, Paris, France even more vHIT reports (31 issues)
 - ➤ 30th Barany Society Meeting, 2018, Uppsala, Sweden reports of vHIT (but decreased in number: 15)



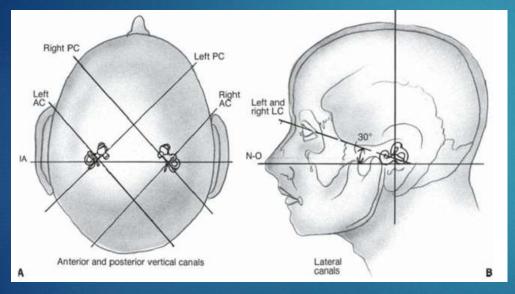
Application of vHIT

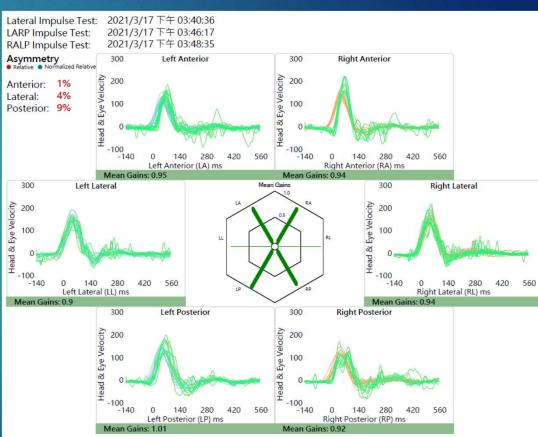
- Head Impulse test
 - ► For horizontal canals only
 - Judged by examinater
 - Less accurate
- ▶ ∨HIT
 - ► For 3 pairs of semicircular canals
 - Computerized trace of head movements and eye movements
 - More accurate

Head Impulse Test



VHIT





Applications of vHIT

- ▶ Evaluation of semicircular canal function
- Vestibulo-ocular reflex (VOR)
- Substitute caloric test (except Meniere's disease)
 - Inter-aural asymmetry (canalopalsy)
 - ► Caloric test: 25%
 - ▶ vHIT: 13.5% (?)

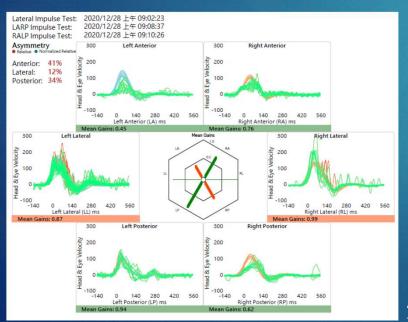
Reliability of vHIT

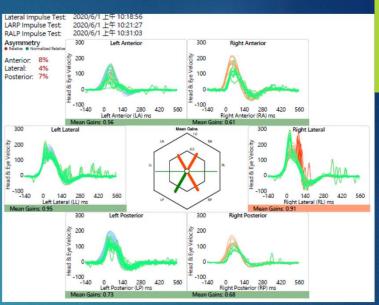
- Sensitivity and Specificity
 - ► Sensitivity = 1.0
 - ▶ Specificity = 1.0
- Examiner bias?
- Examinee condition change?

(Curthoys and Manzari, 2017)

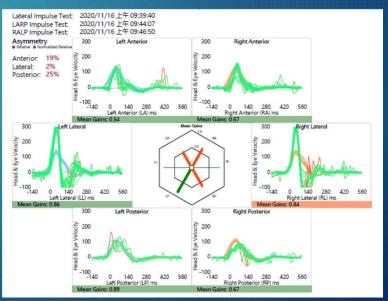
Non-vertiginous Case

- ▶ 48 y/o male
- No vertiginous complaint
- History of migraine without aura





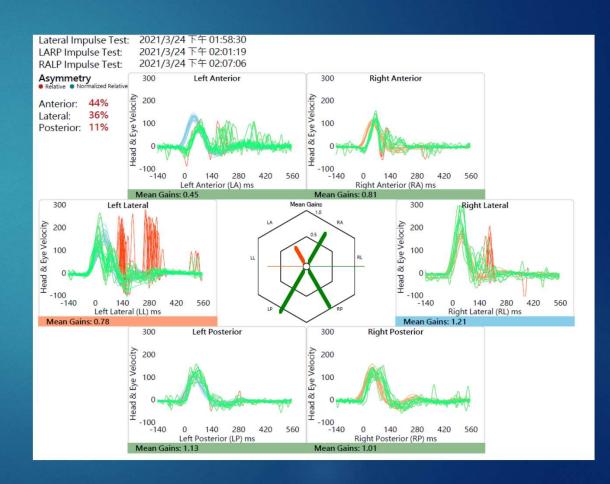
2020/06/01



2020/11/16

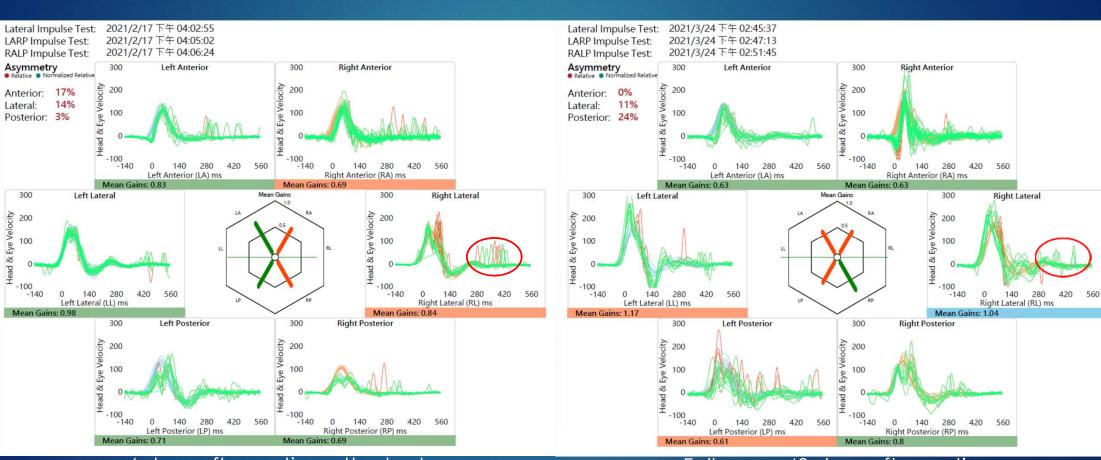
Vestibular Neuritis

- ▶ 55 y/o female
- Vertigo for 10 days
- Spontaneous nystagmus to right
- Scheduled following up vHIT 2 months after treatment
 - Loss of follow up due to COVID-19



Vestibular Neuritis with follow up

- ▶ 28 y/o male
- ▶ (2021/02/17): Vertigo when turning to right for 4 days
 - No spontaneous nystagmus observed
 - Head Impulse test
 - ▶ Trivial compensatory saccade when turning to right
 - Stenger's positioning test
 - Horizontal nystagmus to left
 - Dix-Hallpike test
 - Negative
 - Supine roll test
 - Not performed
- ▶ (2021/02/24)(after 1 week steroid treatment) : No more vertigo
 - Dix-Hallpike test
 - ▶ Right counter-clockwise rotational nystagmus; left apogeotropic nystagmus
- Follow up vHIT 1 month later

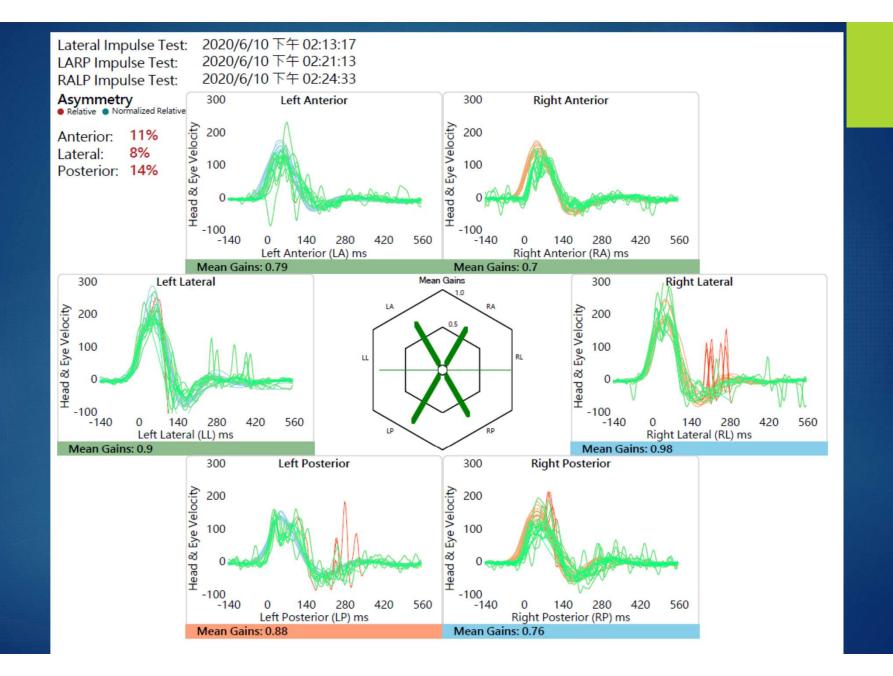


4 days after vertigo attacked

Follow up 40 days after vertigo attack

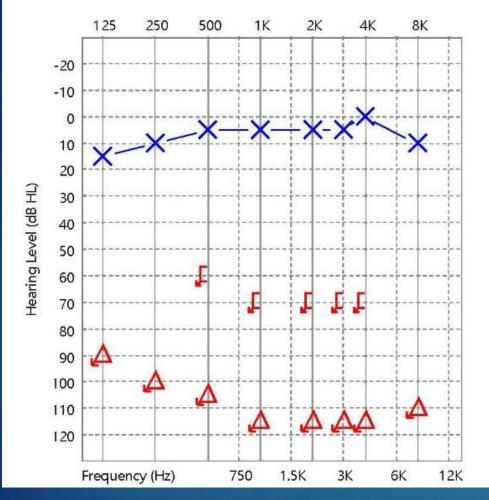
Recovered Ancient Vestibular Neuritis

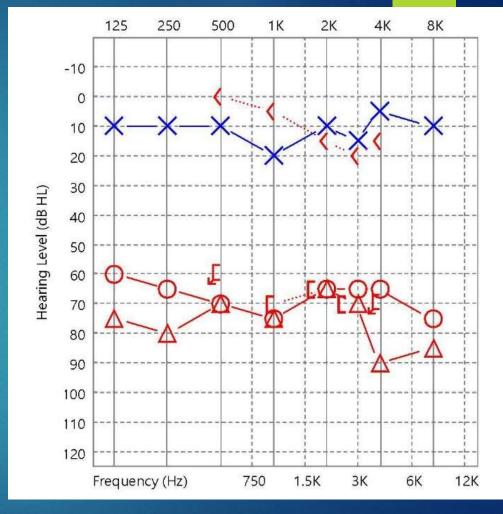
- ▶ 34 y/o male
- Right Vestibular Neuritis noted on 2016/10/10
- Right PC BPPV noted several days later
 - ► Epley maneuver performed several times
 - ▶ Remission in 1.5 months
- Occasionally vertigo/dizziness since then
- vHIT performed on 2020/6/10



Acute labyrinthitis

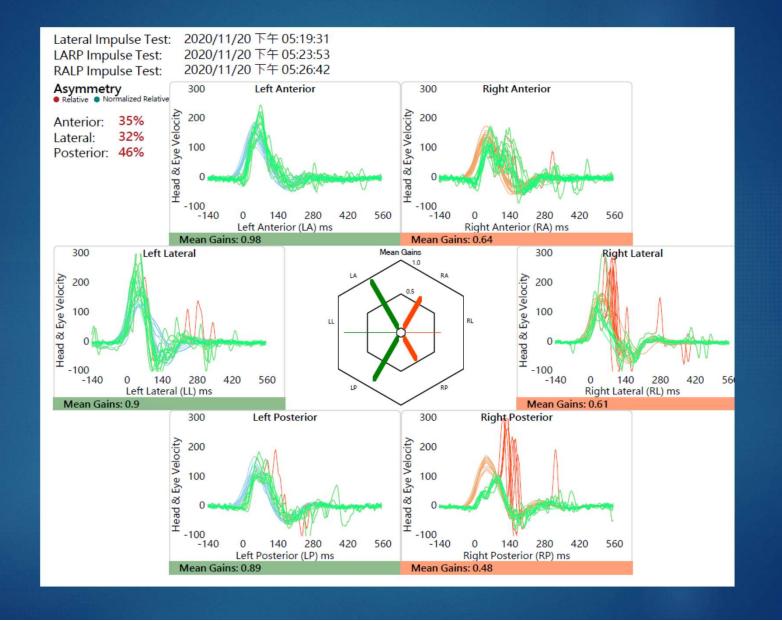
- ▶ 30 y/o male
- Complained of sudden onset of right hearing loss with severe vertigo
- Spontaneous nystagmus to left
- Stenger's positioning test
 - Strong clockwise nystagmus
- Dix-Hallpike test and supine roll test
 - Not performed due to unbearable vertigo
- Hospitalized for sudden hearing loss management
 - VEMPs: right ear abnormal
 - oVEMP IAD ratio: 0.87
 - cVEMP IAD ratio: 0.47





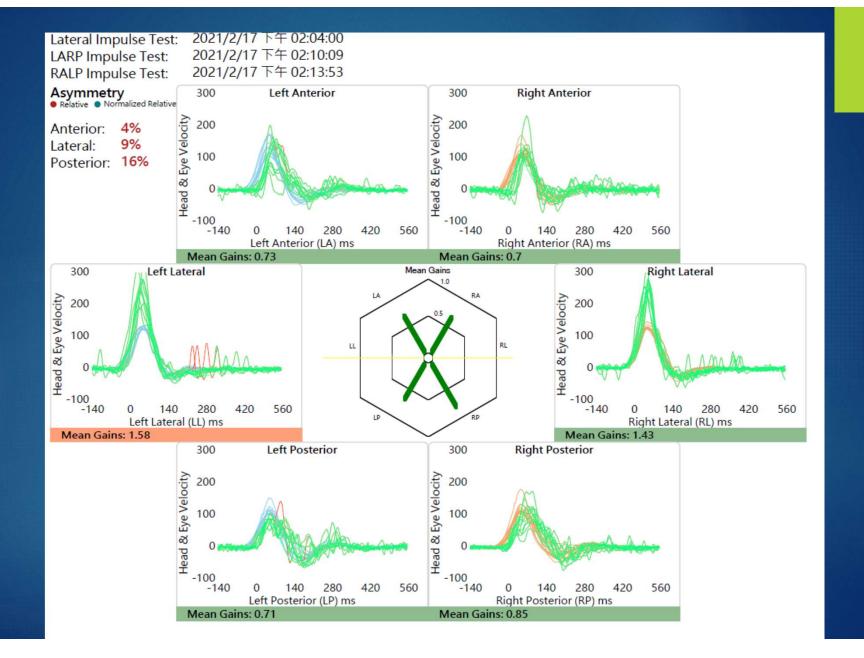
2020/11/02

2020/11/18 (After IT steroid)



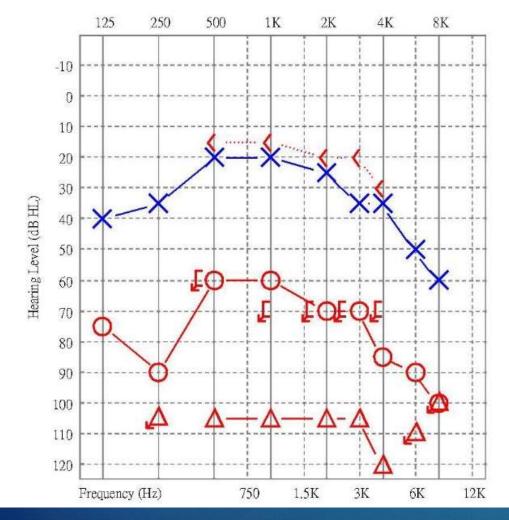
Vestibular Migraine

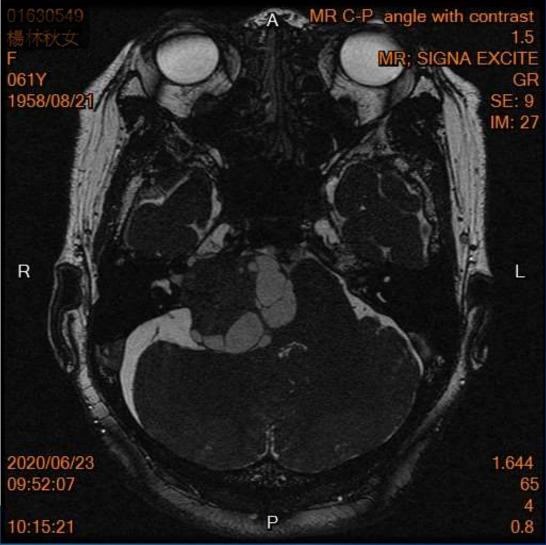
- ▶ 58 y/o female
- Dizziness noted for 1 week
 - Spinning sensation esp. when head moves
- Headache occasionally
 - ▶ Migraine-like
 - Relationship to dizziness: unclear
- Posturography, VEMPs, ECochG, PTA and ABR are all normal

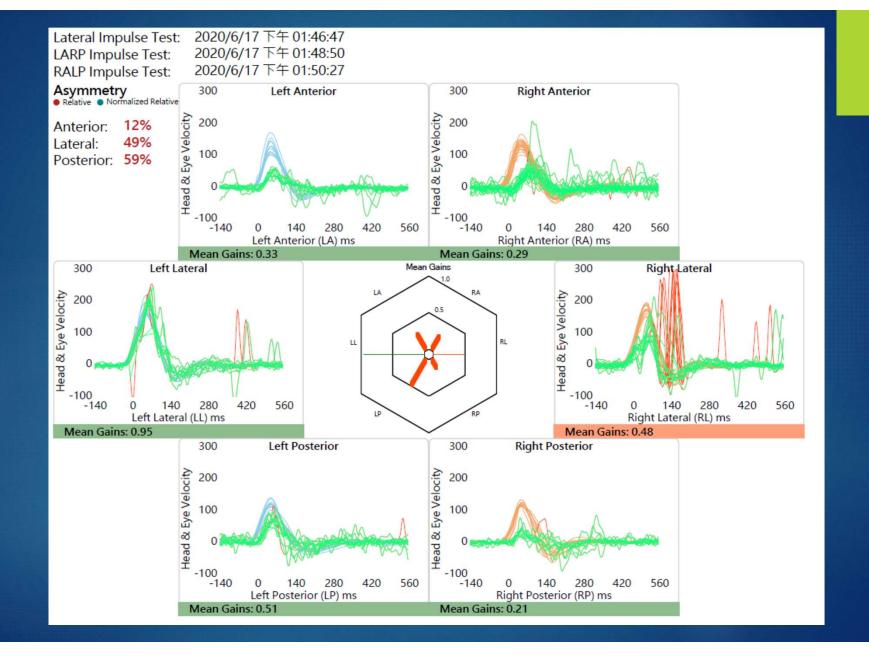


Vestibular Schwannoma

- ▶ 61 y/o female
- Right hearing loss for 2 months
- Right facial paresthesia noted for several years
- ► Chronic dizziness without spinning sensation







Summary

- vHIT may be used as a tool to evaluate semicircular canal/vestibular nerve function
 - ► For vertiginous disease differential diagnosis
- May substitute caloric test in most circumstance
- Presume efferent part of VOR is intact
- More applications await for investigation