

Simple treatment relieves Ménière's disease

Charles Brown likes to walk. He does it every day, even at the age of 80. But when symptoms of Ménière's disease started to get in the way of his daily activities, he decided it was time to seek treatment.

"I was walking by Angle Lake one morning, and I felt the vertigo coming on (one symptom of Ménière's disease)," Brown says, "and I figured I could make it home, but all I could do was walk in tight circles to the left! I targeted an object at a 90-degree angle and tried to get there, but I couldn't. I had to sit down and rest for about 20 minutes until the dizziness subsided enough for me to walk home."

Though he can laugh about it now, that one example illustrates the frightening and frustrating side of Ménière's disease, which is characterized by periodic episodes of rotary vertigo or dizziness; fluctuating, progressive, low-frequency hearing loss; tinnitus; and a sensation of pressure in the ear.

"The vertigo caused by Ménière's disease may be treated by medication and dietary salt restrictions," says **Dr. Larry Duckert**, medical director for the Otolaryngology – Head & Neck Surgery Center. "Diuretics are often prescribed, and in many cases are sufficient to control the patient's symptoms. However, some people continue to have disabling symptoms in spite of medical therapy."

Surgery has been the only alternative for these patients until the recent use of inner-ear perfusion therapy, which involves injecting medication directly through the eardrum.

This therapy has proven effective for treating sudden sensorineural hearing loss and autoimmune inner-ear disease, as well as Ménière's disease.

"The theory behind trans-tympanic medication (through the eardrum) is that a more concentrated dose can be delivered



Dr. Larry Duckert



Charles Brown received relief for Ménière's disease with inner-ear perfusion and will be featured on UW TV this summer. Go to www.uwv.org for dates and times.

to the affected ear by direct contact. The drug doesn't have to be metabolized by the body before it affects the ear, and these drugs are less likely to have generalized side effects because smaller amounts of the drug can be used," says Dr. Duckert.

The success rate of perfusion for Ménière's disease is between 80 and 90 percent, although relapses may occur. In most cases, the procedure spares hearing.

"I took tranquilizers initially," says Brown, "but it wasn't a solution because my symptoms didn't follow a distinct pattern. I'd have episodes sometimes three times a day. Fortunately, it never hit when I was driving."

Brown had cochlear perfusion in February. "There wasn't much to it," he says.

After numbing medication was applied, Dr. Duckert injected two treatments of

Gentamicin through Brown's eardrum. Brown then had several physical therapy sessions to help him with balance.

"Your eyes, ears, and to a great extent your ankles, are vital to your balance," Brown says. "The therapist told me that walking is one of the best exercises that I can do."

"I have friends who are debating the treatment," Brown says, "but I don't regret it a bit. My equilibrium is off a little, and my eyes wobble occasionally, but those side effects have continually improved. Since my treatment, I've had only one incident of vertigo. But I don't think I'll be having any more."

For more information about cochlear perfusions as treatment for treating sudden sensorineural hearing loss, autoimmune inner ear disease, or Ménière's disease, contact the Otolaryngology – Head & Neck Surgery Center at 206-598-4022. www.uwENT-headneck.org.