

Simple treatment brings amazing results for Ménière’s disease

In August 2000, after a severe attack of vertigo, nausea, hearing loss, and tinnitus, **Dr. John Lecky**, clinical professor of anesthesiology at the University of Washington, was diagnosed with Ménière’s disease, a disease with no known cause or cure.

Ménière’s disease is a progressive disorder of the inner ear. Symptoms include vertigo (a spinning sensation often causing nausea and vomiting), hearing loss, pressure in the ear, and tinnitus – a ringing in the ear.

More than 2 million people in the United States have this disease. Many people experience symptoms sporadically, while in others it’s more chronic. Most people with Ménière’s have the disease in one ear; 20 percent have it in both.

Dr. George Gates, UW professor of otolaryngology – head and neck surgery, and Hearing director of the Virginia Merrill Bloedel Research Center at UW Medical Center, initially treated Dr. Lecky with diuretics, salt restrictions, and a low dose of diazepam at the first sign of attack. Though this proved somewhat helpful, Dr. Lecky’s symptoms worsened over the next year and he decided to retire if his symptoms did not improve.



Dr. George Gates

It was shortly thereafter that Dr. Gates told Dr. Lecky about a new FDA-approved device called the Meniett low-pressure pulse generator.

“Eighty percent of the patients who use it benefit from it,” says Dr. Gates, whose team recently published a study promoting the benefits of the Meniett device. “Half of these people are now in remission while about 40 percent have improved vertigo symptoms.”

“I was desperate and prepared to have major surgery on my vestibular nerve,”

says Dr. Lecky, “but the Meniett device offered a minimally invasive alternative.”

A small tube (myringotomy tube) was placed in his right eardrum and he began using the device three times a day for five-minute intervals. All he has to do is place a small earpiece into his right ear, and the device sends three, one-minute painless pressure pulses into the ear canal.

“There are several theories as to how it works,” says Dr. Gates, “but it doesn’t matter how because it does work.”

It may be that the pressure pulses stimulate the flow and reduction of excess endolymphatic fluid that collects in the middle ear of Ménière’s disease patients. There have been no known side effects in the two years of its use.

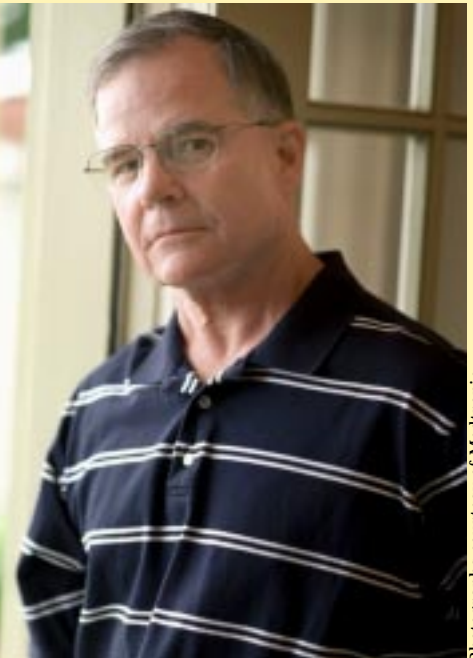
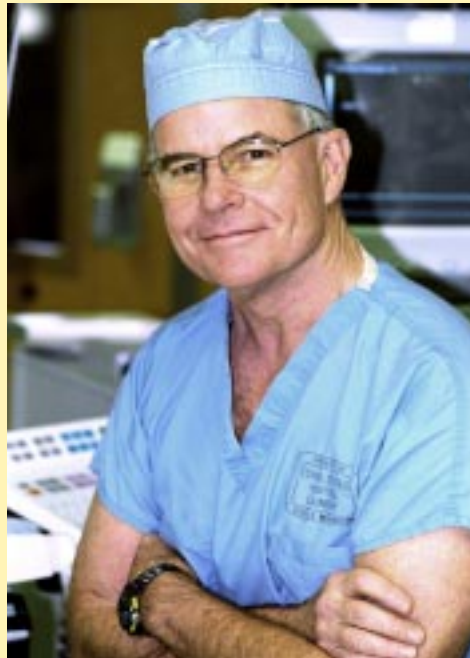
“Eight days after I began using the Meniett device, I began to feel better,” Dr. Lecky says. “It’s as if I’d been seasick for a year and the waves suddenly stopped.”

The vestibular diagnostic lab within the Otolaryngology-Head and Neck Surgery Center is a leader in the nation, according to Dr. Gates. **Dr. Jim Phillips** is the lab’s director and works to help diagnose Ménière’s disease.

For more information about the Otolaryngology-Head and Neck Surgery Center, call 206-598-4022 or on the Web at www.uwmedicalcenter.org.

For more information on Ménière’s disease, please see <http://depts.washington.edu/hearing>.

More information on the Meniett device can be found at www.xomed.com.



Photographs courtesy of Medtronic

After nearly losing his practice as an anesthesiologist because of Ménière’s disease, Dr. John Lecky is feeling like a new man today thanks to the Meniett device.