BPPV. Treatment of BPPV using CRM results in improved postural stability in dynamic posturography. The vestibular rehabilitation exercise using dynamic posturography is helpful for those patients whose balance ability were still abnormal after CRM.

**The Guy’s Hospital Balance Clinic: An MDT Approach**
Jeremy Corcoran, MSc (presenter); Gareth Jones, MSc; Rachel Ritchie, MSc

**OBJECTIVE:** Patients complaining of dizziness or vertigo may present to a variety of specialties before a diagnosis is made. The Guy’s multidisciplinary balance one-stop clinic consists of two ear nose and throat consultants, three audiologists, and three vestibular physiotherapists. Patients are assessed by a vestibular physiotherapist and a full aud vestibular assessment performed. Patients are then discussed at a multidisciplinary team meeting. A diagnosis is made and treatment arranged. We report the diagnostic spread of patients attending this service in 2009.

**METHOD:** The records of all patients seen in the Guy’s balance clinic were reviewed and their diagnoses recorded.

**RESULTS:** 308 new patients were assessed by this service during 2009. Diagnoses include unilateral peripheral vestibular deficit (101), benign paroxysmal positional vertigo (50), multilevel vestibulopathy (38), vertiginous migraine (34), central (17), Ménière’s disease (12), other otological pathology (11), psychogenic (10), drug induced (6), systemic (5), post-operative (3), cervicogenic (2), cardiac (2), other (17).

**CONCLUSION:** This one-stop service provides an efficient, thorough vestibular assessment and management pathway. The relative spread of diagnoses is similar to those found in other units and we would recommend this model to other units.

**The Skull High Frequency Vibration-Induced Nystagmus Test**
Georges Dumas, MD (presenter); Alexandre Karkas, MD; Sebastien Schmerber, MD, PhD

**OBJECTIVE:** Establish the effectiveness of skull vibration induced nystagmus test as a rapid bedside high frequency stimulation test, in the evaluation of peripheral unilateral vestibular lesions.

**METHOD:** A series of 16,000 patients were studied in a prospective series for 13 years in a tertiary center under videonystagmoscopy with the skull vibration-induced nystagmus test. 240 patients were randomly chosen for numerical and statistical data analysis: 93 patients had a partial unilateral vestibular lesion, 131 patients had a total unilateral vestibular lesion, and 36 patients had a brain stem lesion.

**RESULTS:** Total unilateral vestibular lesion revealed always a skull vibratory nystagmus beating toward the safe side at all frequencies of stimulations in total correlation with the head-shaking test and caloric test. In partial unilateral vestibular lesion, a skull vibration nystagmus was found in 76% of cases and the direction at 30Hz was opposite to that recorded at 100Hz in 10% of cases.

**CONCLUSION:** Skull vibration-induced nystagmus test is a useful complementary test to the caloric and head-shaking tests. It is a global vestibular test that can be used to detect vestibular asymmetric responses as part of a bedside examination. The skull vibration nystagmus direction is always beating toward the safe side in total unilateral vestibular lesions, whatever the stimulus location or frequency but can be frequency-dependent in partial unilateral vestibular lesions. The caloric test should no longer be considered as an absolute reference test in the diagnosis of peripheral vestibular lesions, since a normal caloric test cannot exclude a vestibular pathology. The vestibule should be explored at multiple frequencies. Therefore, a skull vibration nystagmus test is required among other vestibular tests in order to improve the clinical assessment in vestibular diseases.

**Totally Endoscopic Stapedotomy: Technique and Results**
Joao-Flavio Nogueira, MD (presenter); Daniel Cruz, MD

**OBJECTIVE:** To describe the endoscopic technique for stapes surgery, discussing the preliminary results and also showing the potential advantages and disadvantages.

**METHOD:** Review of 5 consecutive patients, submitted to totally endoscopic stapes surgery from May to December 2009. All patients were women with age ranging from 22 to 47 years old. All presented bilateral conductive hearing loss (audiogram). All patients were operated under general hypotensive anesthesia and by the same surgeon.

**RESULTS:** No complications were observed during surgery and after the procedures. The follow-up period ranged from 2 to 8 months. All patients referred improvement at their hearing at the operated side. The air-bone gap was completely closed in all patients at the side which the surgery was performed (post-operative audiogram). Also, no residual tympanic membrane perforations were observed.

**CONCLUSION:** In this small series, endoscopic stapedotomy was technically feasible, safe and promising. There were both advantages and disadvantages. However, a larger series is mandatory to assess the role of endoscopes in otosclerosis surgery.

**Traditional Versus Laser Stapedotomy: A Comparative Study**
Sanjeev Mohanty, MBBS, MS, FICS (presenter)