

NATURAL HISTORY VERSUS SURGERY FOR MENIERE'S DISEASE

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Meniere's disease: pathogenesis, pathophysiology, diagnosis, treatment.

Berkeley (CA): Kugler & Ghedini Publications; 1989. p.543-4.

Abstract: Meniere's disease has an episodic course, and certain patients undergo spontaneous remission of their vertigo. A retrospective study of patients treated from 1974-1983 was undertaken to evaluate the long term outcome of patients with Meniere's disease for whom surgery was recommended, comparing those who had a surgical procedure with a similar group of patients who declined surgery. The surgical procedures performed were endolymphatic subarachnoid shunt (ELS), retrolabyrinthine vestibular neurectomy (RVN), middle fossa vestibular neurectomy (MFVN), and transmeatal cochleovestibular neurectomy (CVN).

We used a questionnaire made up according to the 1985 American Academy of Otolaryngology (AAO) criteria for reporting results for Meniere's disease treatment and compared patients who were offered surgery but declined (n=50) with those who underwent surgery (n=83). The data were analyzed statistically. Initial evaluation, which included air and bone conduction audiometry, speech discrimination, electronystagmography ENG, frequency of vertigo attacks per month, and disability showed both groups to be comparable at the outset. Of the non-operated group 57% had complete control of the vertigo at two years; 71% had complete control after an average of 8.3 years. After an ELS, 40% of patients had complete control of vertigo after two years; 70% had complete control after an average of 8.7 years. After a neurectomy (RVN or CVN), 93% had complete control of vertigo (average follow up 4.4 years). These results indicate statistically that the ELS procedure does not alter the long term natural course of vertigo control in Meniere's disease, whereas both the RVN and CVN significantly improve the patient's chance of being permanently free of vertigo attacks.