

The common cold can leave you in a spin

In some rare cases, patients' ears become inflamed, leading to vertigo. *By Sol E Solomon*

DR BARNABY Young, 33, started an otherwise ordinary day with a mild sore throat and a runny nose – like he was coming down with a cold.

The symptoms persisted for a few days but there was no fever or any headaches. However, by the third evening, he started to feel light-headed and awoke the following morning with severe vertigo. He felt as if the room was spinning around him.

“For the first two days after the vertigo set in, I couldn’t eat, drink, turn my head or even move my eyes from side to side without vomiting or feeling the room spin around me,” he said.

Dr Young, an infectious disease specialist from Britain who works at a local hospital, self-medicated with vestibular suppressants and antiemetics. These are prescription drugs to suppress dizziness and nausea. “But they had little effect. It was really just time, and trying to do as much as I could each day to help re-train the brain,” he said.

From the third day (of the vertigo attack), symptoms of the upper respiratory tract infection gradually subsided. “I was able to keep my eyes open and at

least stagger to the sofa to watch TV. By the fourth day, I could slowly walk to the GP’s clinic, though I was slower and less steady than my toddler!”

Dr Young fully recovered from the attack, but it took two weeks or so before he was completely free of symptoms. He said, half in jest, “But I spent another week at work wandering around like I was intoxicated, unsteady every time I turned my head!”

What hit him?

It turns out that Dr Young had labyrinthitis, a condition where the labyrinth (the inner ear) is inflamed and not functioning normally, said Dr Barrie Tan, Consultant, and Head, Department of Otolaryngology, Singapore General Hospital (SGH).

Dr Tan said labyrinthitis is relatively uncommon in Singapore, but he has treated a number of patients with it, most of them young, healthy individuals between 20 and 50 years old.

He said the inner ear – the vestibular

organ – contains the organ of balance (which senses our position in space) and the cochlear – the organ of hearing. “When the labyrinth is inflamed, a patient may experience a drop in his hearing and ability to maintain his balance. This dizziness, or vertigo, is felt as if the environment is moving and spinning around him. The vertigo is usually very intense and causes severe nausea and vomiting. The patient can be disabled to the point of being unable to get out of bed, because any movement aggravates the vertigo.

Because the onset is usually sudden and acute, it can cause anxiety. There is also the danger of falls and head injuries from the vertigo, and dehydration if the nausea and vomiting is severe.

“The acute vertigo usually lasts from a few days to two weeks. As it resolves, the patient experiences slight imbalance or unsteadiness while walking. This rehabilitation phase may last for one or two months. The hearing function may or may not fully recover. The recovery period is fastest during the first month but the patient may still recover up to six months after the onset of the disease,” said Dr Tan.

In the best-case scenario, the patient completely recovers his hearing and balance within two weeks.

In the worst-case scenario, he could be deaf in one ear and have persistent vertigo for several weeks, followed by unsteadiness and imbalance while walking for months. But patients usually recover their balance within two weeks, said Dr Tan.

WHAT BRINGS IT ON?

Labyrinthitis is often spontaneous and idiopathic but can occur after a cold, flu or upper respiratory tract infection (URTI). “These infections don’t usually affect the inner ear. More often, in URIs, the middle ear is affected when bacteria and nasal secretions pass through the eustachian tubes to the middle ear causing fluid accumulation. A bad middle ear infection can lead to the spread of infection to the brain, or in rare cases, labyrinthitis as well,” said Dr Tan.

Although an MRI (magnetic resonance imaging) scan can also show the inflammation, diagnosis is usually made after history taking and a physical examination. The hearing loss is confirmed on a ‘pure tone audiogram’. The doctor may also spot signs like fast oscillating eye movements, or abnormal eye movements with the movement of the head.

Dr Barrie Tan explained that in the worse-case scenario, a patient with labyrinthitis could have permanent hearing loss.



PHOTO: MORVEN KOH



What you should do if you contract labyrinthitis



Treatment consists of:

- **VESTIBULAR SUPPRESSANTS** to reduce the dizziness. These are usually given as an oral tablet or as a patch placed behind the ear.
- **ORAL STEROIDS** to reduce inflammation of the inner ear, which is the cause of labyrinthitis.

Some literature also recommend using anti-viral medication like acyclovir.

- **BED REST** at home, to avoid stimulating the ear’s balance mechanisms. Many cases of labyrinthitis are cured by a few days or weeks of bed rest.

After-effects and prevention

Long-term effects can occur if the inner ear does not fully recover. Patients may suffer from impaired balance, especially when suddenly changing body positions. There may also be permanent hearing

loss. “These cases are difficult to predict and idiosyncratic. So there is no definite ways of saying who will have permanent hearing loss.”

Labyrinthitis rarely affects a patient more than once. “Again, very little is known about who may be affected

more than once. However, it is not necessarily more severe or threatening at the subsequent attacks.”

Labyrinthitis is also not preventable. “However, URIs are a risk factor, so one way is to minimise contact with people with URIs,” said Dr Tan.