

Vertigo improves with endolymphatic sac surgery, cochlear implant in Meniere disease

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For patients with Meniere disease (MD), vertigo control is improved

with endolymphatic sac surgery alone (ESS^{alone}), cochlear implantation alone (CI^{alone}), and ESS with CI (ESS+CI), with the highest rate for CI^{alone}, according to a study published online July 20 in the *European Archives of Oto-Rhino-Laryngology*.

Jennifer L. Spiegel, M.D., from University Hospital in Munich, Germany, and colleagues conducted a retrospective data analysis of 86 consecutive [patients](#) with MD according to current diagnostic criteria after ESS^{alone}, CI^{alone}, and ESS+CI (45, 12, and 29 patients, respectively) treated at a tertiary referral center.

The researchers found that patients in the ESS^{alone} group had younger age compared with CI^{alone} or ESS+CI (56.2 ± 13.0 years versus 64.2 ± 11.4 and 63.1 ± 9.7 years, respectively). Definitive MD was seen in 100, 79.3, and 59.6 percent of the CI^{alone}, ESS+CI, and ESS^{alone} patients, respectively. The rate of vertigo control was 100, 89.7, and 66.0 percent in the CI^{alone}, ESS+CI, and ESS^{alone} groups, respectively.

"Data from the current study showed vertigo improvement after both ESS and CI," the authors write. "However, it suggests a beneficial effect of CI surgery in comparison with ESS regarding vertigo control, potentially contributed by the manipulation of both the endo- and perilymphatic system."

One author received travel expenses from [pharmaceutical companies](#).

More information: Jennifer L. Spiegel et al, Significance of endolymphatic sac surgery with and/or without simultaneous cochlea implant surgery in respect of vertigo control and speech perception in patients with Menière's disease, *European Archives of Oto-Rhino-Laryngology* (2023). [DOI: 10.1007/s00405-023-08122-6](https://doi.org/10.1007/s00405-023-08122-6)

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