

## Endolymphatic duct blockage beneficial for vertigo in Meniere disease

July 3 2024, by Elana Gotkine



Endolymphatic duct blockage (EDB) is more effective than intratympanic methylprednisolone (ITMP) injection for controlling vertigo symptoms among patients with Meniere disease (MD), according to a study <u>published</u> online May 24 in the *European Archives of Oto-Rhino-Laryngology*.



Issam Saliba, M.D., from the University of Montreal Hospital Research Centre, and colleagues conducted a retrospective study to compare the effectiveness of EDB and ITMP injection to control refractory MD symptoms. Overall, 36 patients received ITMP <u>injection</u> and 52 underwent EDB.

The researchers found that at 24 months postoperatively, 90.4 and 43.4% of the EDB and ITMP groups, respectively, had complete control of vertigo. No significant difference was seen in tinnitus or aural fullness control. The reduction in tinnitus and aural fullness frequency at 24 months was significant within the EDB group; for the ITMP group, only the reduction in tinnitus was significant.

Compared with preoperative levels, at 24 months, pure-tone average, bone conduction average, and speech discrimination score were significantly worse in the ITMP group. In the EDB group, pure-tone average was stable, with no difference relative to the ITMP group; bone conduction average and speech discrimination score were stable and better, respectively, than that seen in the ITMP group. No significant difference was seen in vestibular paresis before and after treatment in each group.

"Endolymphatic duct blockage surgery for the treatment of refractory Meniere's disease is an effective procedure that results in excellent vertigo control, significant improvement of aural fullness and <u>tinnitus</u>, and preserved hearing function at the postoperative period of 24 months," the authors write.

**More information:** Issam Saliba et al, Endolymphatic duct blockage surgery vs. intratympanic steroids for treatment of refractory Ménière's disease, *European Archives of Oto-Rhino-Laryngology* (2024). DOI: 10.1007/s00405-024-08736-4



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