For patients with Meniere disease (MD), vestibular neurectomy is effective, resolving vertigo episodes and resulting in hydrops regression, according to a study published online July 30 in *Acta Neurologica Belgica*. 
Agnieszka Jasińska-Nowacka, M.D., Ph.D., from the Medical University of Warsaw in Poland, and colleagues assessed endolymphatic hydrops in patients with severe MD before and after vestibular neurectomy. Magnetic resonance imaging was performed before and after vestibular neurectomy in 20 patients with unilateral definite MD.

The researchers found that in all patients, endolymphatic hydrops were visualized in the preoperative scans. All patients presented a complete resolution of vertigo episodes after the vestibular neurectomy. Analyzing the cochlea and vestibule, regression of the endolymphatic hydrops was observed in 35 and 15% of cases, respectively. Withdrawal of the hernia was visualized in 71.43% of patients with utricular herniation into the lateral semicircular canal.

In 17.64% of cases, asymmetrical contrast enhancement in the cochlea regressed. Analyzing all parameters collectively, partial regression of at least one of the radiological signs was confirmed in the follow-up examination in 60% of patients. After the surgery, no progression of the endolymphatic hydrops was visualized in either the cochlea or the vestibule.

"Although it is known to be an effective symptomatic treatment of vertigo attacks, vestibular neurectomy may also effectively halt the progression of the endolymphatic space dilatation and result in hydrops regression," the authors write.
