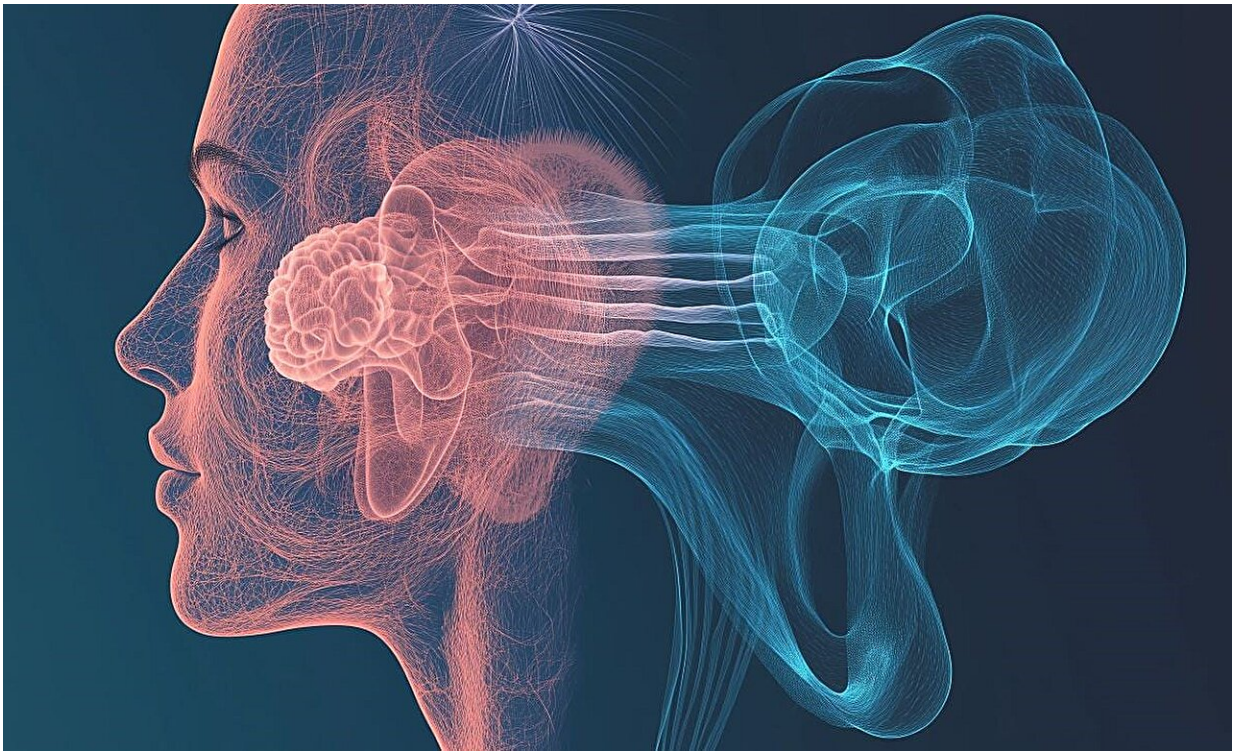
Electrocochleography, MRI most reliable for reclassifying Meniere disease

September 6 2024, by Elana Gotkine



The most reliable approach to reclassifying patients with probable Meniere disease (MD) includes the combination of electrocochleography (ECochG) and magnetic resonance imaging (MRI) with MD-protocol, according to a study published in the November-December issue of the *American Journal of Otolaryngology*.

Roee Noy, M.D., from Rambam Health Care Campus in Haifa, Israel, and colleagues conducted a retrospective cohort study at a neurotology clinic to examine the efficacy of diagnostic tests in accurately reclassifying patients initially diagnosed with probable MD. Sixty-nine patients were included: 36.2, 30.4, and 33.4 percent were initially classified as definite MD, probable MD, and non-MD, respectively. Participants underwent a battery of tests, and sensitivity, specificity, positive and negative predictive values, and positive and negative likelihood ratios were calculated.

Patients were followed for a mean of 3.5 years. The researchers found that ECochG had the highest sensitivity (92 percent), with a negative likelihood ratio of 15 percent; the highest specificity was seen for MRI with MD-protocol, which also had a positive likelihood ratio of 100 percent. Lower sensitivity and specificity were seen for videonystagmography, the video head impulse test, and cervical vestibular-evoked myogenic potentials. Eighty-six percent of patients with probable MD were reclassified: 57 and 29 percent were diagnosed with definite MD and non-MD, respectively, consistent with their clinical course.

"The combination of ECochG and MRI with MD protocol provides valuable diagnostic support for patients with probable MD," the authors write. "Further studies should aim to confirm our findings and provide guidance for patients with uncertain diagnoses despite undergoing these two tests."

More information: Roee Noy et al, Predictive nomograms and an algorithm for managing patients with probable Meniere's disease, *American Journal of Otolaryngology* (2024). DOI: 10.1016/j.amjoto.2024.104472

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Citation: Electrocochleography, MRI most reliable for reclassifying Meniere disease (2024, September 6) retrieved 7 September 2024 from https://medicalxpress.com/news/2024-09-electrocochleography-mri-reliable-reclassifying-meniere.html

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