

REFERRAL FOR VERTIGO TO A SPECIALIST ENT

In patients with vertigo, it is important to exclude cerebellar pathology. Otherwise, management of common causes of vertigo such as benign paroxysmal positional vertigo, labyrinthitis, vestibular neuritis, migrainous vertigo can be managed in primary care.

Indications for referral include:

A. IMMEDIATE REFERRAL TO A&E

- Acute neurological symptoms or signs suggestive of brain and/or central nervous system (CNS) damage.

B. EMERGENCY REFERRAL TO A SPECIALIST

- Unilateral tinnitus and/or hearing loss/dysacusis.
- Unilateral otorrhoea.
- Non acute neurological symptoms or signs.
- Nystagmus with central features.
- Spontaneous nystagmus persisting after 48 hrs.
- Positional vertigo/nystagmus that does not have all the features of benign paroxysmal posterior semicircular canal positional vertigo.
- Significant vertigo/ imbalance persisting after a month.
- Positive fistula test: Pressure on the tragus reproduces symptoms (suggesting endolymphatic fistula).

C. ROUTINE REFERRAL TO A SPECIALIST

- Frequent severe episodes not responding to medical treatment.
- Uncertain diagnosis.
- Treatment resistant BPPV.

Source:

Western Sussex Hospitals NHS Trust 2010: Speciality audiovestibular medicine clinical problems: dizziness vertigo and imbalance.