

Differential for Acute Vertigo

Cause	Onset and Course	Nystagmus	Auditory Sx	Other Features
BPPV	Recurrent, transient, positional. Provoked with head movements.	Positional. Mixed torsional if posterior canal involved. Horizontal if horizontal canal involved.	None	Usually history of symptoms. Sometimes Provoked: trauma, prolonged recumbent position, etc.
Stroke	Spontaneous. Sustained vertigo. Possibly described as positional.	Spontaneous with vertical or changing direction.	Occasional.	Neurologic symptoms may occur. Head impulse testing will be normal.
Vestibular neuritis	Spontaneous. Sustained and possibly positional.	Spontaneous. Predominantly horizontal.	None	Sometimes preceding viral illness. Head impulse test is Abnormal.
Vestibular migraine	Recurrent, spontaneous. Lasts minutes to hours.	Rare. Positional if present.	Occasional	Migranous headaches. Motion sickness. Family history.
Meniere Disease	Recurrent, spontaneous. Typically hours.	Spontaneous and positional.	Fluctuating hearing loss. Tinnitus.	Ear pain or fullness.

HINTS (Head Impulse, Nystagmus, and Test of Skew)

Perform when your patient is acutely and actively dizzy to differentiate central and peripheral vertigo.

Maneuver		
Head Impulse Test	Patient focuses on examiner. Examiner slowly moves patient's head back and forth about 20 degrees, then rapidly back to midline. Assess for catch-up saccades.	Reassuring: Catch-up Saccades ARE present (suggests peripheral cause) Concerning: Absence of Catch-up saccades (suggests central)
Nystagmus	Examiner observes for presence and direction of nystagmus with lateral gaze.	Reassuring: Unidirectional nystagmus. Concerning: Bidirectional nystagmus.
Test of Skew	Examiner alternates covering and uncovering each eye and assesses for vertical adjustment or refixation.	Reassuring: Absence of vertical skew. Concerning: Presence of vertical skew.