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Benign Paroxysmal Position Vertigo

FACTORS ASSOCIATED TO CANALITH REPOSITIONING PROCEDURE FAILURE IN BENIGN PAROXYSMAL POSITIONAL VERTIGO PATIENTS**Jose Mario JALIL**^{1,2}, Julian Felipe MOLANO¹, Alejandro RESTREPO¹, Sara Maria VELEZ¹, Damian MARTINEZ³¹*Department of Otorhinolaryngology, Universidad De Antioquia, Colombia*²*Department of Otorhinolaryngology, Clinica Orlant, Colombia*³*Department of Medical Research, Universidad De Antioquia, Colombia***Purpose:** To explore factors associated to treatment failure by canalith repositioning procedures (CRP) in benign paroxysmal positional vertigo (BPPV) patients and to describe its clinical and socio-demographical characteristics.**Methods:** An observational cohort study was conducted by a review of medical records of vertigo cases at Clinica ORLANT in Medellin, Colombia.**Results:** This study included eighty-six patients with BPPV diagnosis who had undergone CRP and clinical follow-up for one to four weeks to evaluate treatment failure. Here, 91.9% were women with median age of 63.06 years (28 to 86), 44.2% had left posterior canal BPPV, 46.5% had right posterior canal BPPV, 1.2% had bilateral posterior canal BPPV, 1.2% had left lateral canal BPPV, 4.7% had right lateral canal BPPV, and 2.3% had bilateral lateral canal BPPV. Also, 56.97% of patients presented treatment failure, where an association was identified between vestibular neuritis (OR: 1.787 CI: 1.478–2.161) and migraine (OR: 1.822 CI: 1.497–2.217). No statistically significant associations were found between comorbidities such as dyslipidemia, high blood pressure, diabetes mellitus, hypothyroidism, and traumatic brain injury. Prior consumption of Ginkgo Biloba found in 22.1% of patients was associated with a lower risk of presenting treatment failure (OR: 0.347 CI: 0.121–0.998). In addition, 17.4% of patients were referred to vestibular rehabilitation therapy.**Conclusion:** The risk factors for treatment failure by CRP in BPPV are a controversial topic and require further research. Due to the sample size, strong associations cannot be determined; however, the possible protective role of Ginkgo Biloba remains an issue to be considered.

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DDPRM (DOWN DYNAMIC PARTICLES REPOSITIONING MANEUVER): A NEW MANEUVER TO TREAT BOTH PC AND LC-BPPV AT THE SAME TIME**Thomas RICHARD VITTON***Department of Ent, Private Clinic of Marignane, France*

Canaliths involving both posterior and lateral canals are frequent. This new therapeutic maneuver using a mechanical assistance can treat both involvements simultaneously. One hundred twenty subjects who presented with BPPV and positional nystagmus typical of both posterior and lateral canalithiasis of the same side were included. The TRV armchair allows rotation of patients in all semi-circular canals planes while wearing infrared video goggles. An abutment with shocks absorber permits to briskly smoothly stop the rotation of the horizontal rotation of the chair when the head of the patient becomes 45° under the horizontal plane. The maneuver consists to make 6 series of 8 smooth shocks on the shocks absorber placing prior the involved ear toward the floor, nose turned at 90° from the ceiling, in supine position 45° under the horizontal plane. Each series is made after a 45° more rotation toward the safe side to make the sixth position 45° nose to the floor on the healthy side. These series of shocks permit to give to the very little particles, that could be too light to progress under the action of gravity, some hypergravity that helps its to move.

One hundred five patients were totally freed of symptoms with one session. Some persistent unsteadiness or drunkenness sensations after the physiotherapy made to treat a PC-BPPV, usually named post-BPPV otolithic syndrome, could be some mild canalithiasis in the lateral canal of the same side and could be successfully treated with this new maneuver.