

[B-ENT](#). 2010;6(1):9-13. **An alternative manoeuvre for posterior canal BPPV treatment.**

[Vital V](#) , [Psillas G](#) , [Printza A](#) , [Vital I](#) , [Triaridis S](#) , [Konstantinidis I](#) , [Markou K](#) , [Tsalighopoulos M](#)

Source

1st Academic ENT Department, Aristotle University of Thessaloniki, AHEPA Hospital, Thessaloniki, Greece.

Abstract

OBJECTIVES:



Victor Vital , Professor and Chairman in the

1st Academic ENT Department, Aristotle University of Thessaloniki, AHEPA Hospital, Thessaloniki, Greece.

The aim of this study is to evaluate the effectiveness of a new manoeuvre in the treatment of posterior canal benign paroxysmal positional vertigo (p-BPPV) based on the idea that highly accelerated endolymphatic flow may lead a mass of otoconia to collide with the walls of the posterior semicircular canal, resulting in its disintegration and/or in the expulsion of the free particles from the posterior semicircular canal.

MATERIAL-METHODS:

Our study group included 146 patients with a diagnosis of p-BPPV. All patients underwent the new manoeuvre, which consisted of several high-acceleration successive head movements in the horizontal plane performed by the same physician. The results of the study group were compared with those of a sham control group of 30 patients with p-BPPV undergoing placebo treatment. The patients of both groups were reviewed in a follow-up appointment 1 month and 1 year after the initial treatment.

RESULTS:

Complete resolution of symptoms immediately after the manoeuvre was observed in 92% of patients. At 1-month and 1-year follow-up assessment, all the patients in the study group reported complete relief from their symptoms compared with only 13% and 43% of control patients respectively. Recurrence of symptoms was reported in 12 patients (8%) from the study

group, who responded successfully to one additional session.

CONCLUSIONS:

This study establishes the efficacy of the new manoeuvre in the short- and long-term management of p-BPPV. It is a quick office procedure, usually resolving this disorder with a single session, although there some limitations in patients with underlying cervical spine pathology.