eISSN 2444-7986

DOI: https://doi.org/10.14201/orl.1005

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|  | **LA DISCREPANCIA ENTRE LOS RESULTADOS DE LAS PRUEBAS VESTIBULARES (CALÓRICA Y VHIT) EN PACIENTES CON ENFERMEDAD DE MÉNIÈRE NO SE DEBE A LA DISFUNCIÓN DEL SISTEMA DE ALMACENAMIENTO DE VELOCIDAD** |
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Resumen de comunicación póster

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Fecha de publicación del fascículo: 1 de julio de 2018

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| RESUMEN | **Introducción y objetivo:** Muchas veces encontramos discrepancias en los resultados de la prueba calórica (CAL)y VHIT. Puede ser debido a las propiedades de cada test o a la disfunción del mecanismo vestibular central de almacenamiento de velocidad que se caracteriza por la medida de la constante de tiempo (CT) de la prueba del sillón rotatorio (ROT). Queremos demostrar que las discrepancias son debidas a a las características propias de cada prueba que deberían poder detectarse en ROT y CT.  **Material y Método:** Se incluyen pacientes con EM unilateral. Para analizar los resultados de ROT se utilizaron los datos de un grupo de sujetos normales. Todos fueron sometidos a CAL, VHIT y ROT (aceleración sinusoidal armónica y prueba impulsiva). Para el análisis estadístico los pacientes se dividieron en tres grupos: NN (CAL y vHIT normal), AN (CAL patológico y vHIT normal) y AA (CAL y vHIT patológicos). Se realizó un estudio descriptivo para analizar las diferencias entre ellos y en el caso de ROT, con el grupo control. Análisis estadístico realizado con SPSS.**Resultados**:Los resultados se muestran en las figuras de los archivos adjuntos. **Conclusiones:** Se ha detectado que la CT del reflejo vestíbulo-oculomotor (RVO) como medida en ROT se deteriora significativamente cuando las ganancias del RVO en el VHIT están por debajo de la normalidad y la paresia canalicular por encima. Estos resultados no prueban la hipótesis y descartan que la disfunción del sistema de almacenamiento de velocidad explique la discrepancia entre la CAL y VHIT. |
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| PALABRAS CLAVE |   sistema de almacenamiento de velocidad, VHIT, prueba calórica, prueba rotatoria    |
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| SUMMARY | **Dissociated vestibular test results (caloric and vHIT) in patients with Meniere’s disease is not due to velocity storage malfunction** **Introduction:** Vestibular function testing in patients with Ménière’s disease (MD) provides valuable information about the amount of deficit at the different receptors of each ear and  the status of vestibular compensation. The agreement between test results in the caloric test (CAL), rotatory chair test (ROT) and in the vHIT, is of interest when screening patients for vestibulopathy and, the vHIT has been recommended as a first line test to define vestibular hypofunction in patients with dizziness .However, when studying patients with a specific disease  a discrepancy in results is frequently obtained. In this work, we were interested in analyzing the rotatory chair test results in patients with unilateral MD classified according to the results in CAL and vHIT. The hypothesis  tested was that if an abnormal velocity storage function is the basis for a discrepant result (normal vHIT and abnormal CAL) then the TC of the VOR should also be found abnormal (lower) and phase advance in ROT testing should be an expected finding. **Materials and methods:** Patients included were diagnosed of MD according to AAO-HNS criteria (American Academy of Otolaryngology Head and Neck Foundation, 1995) . All of them were subjected to the three vestibular tests: CAL, VHIT and ROT (sinusoidal harmonic acceleration (SHA) andt he impulsive rotational test).To analyze the results of ROT, data from a group of normal volunteers were used. For the statistical analysis, the patients were divided into three groups: NN (CAL and normal vHIT), AN (abnormal CAL and normal vHIT) and AA (abnormal CAL and vHIT). A descriptive study was carried out to analyze the differences between the three groups and in the case of the results of ROT, with the control group. Statistical analysis was performed with SPSS (version 19) (SPSS Inc., Chicago, IL).**Results:** The results are shown in Table 1. CAL and vHIT: the results are summarized in figure 1.ROT: Figure 2 shows the phase and gain means of the patients compared with the control group. Table 2 shows the values ​​of p for each frequency analyzed with respect to the value in group N. Significant differences are seen in the patients of the three groups with respect to CTaff and CTnoaff. The same happens with the average CT (TC mean). Figure 3 shows the results of the rotational impulse test in terms of mean CT, for normal subjects and for the three groups with pathology.**Discussion:** In this work, we have found that the TC of the VOR, as measured in the ROT with the impulsive or step test, deteriorates significantly from normal only when both the gain of the VOR in the vHIT is lower than normal and canal paresis on the CAL is above normal: these results do not prove the hypothesis, the velocity storage dysfunction could not be the main cause to explain the dissociation in the CAL and vHIT. |
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| KEYWORDS |     Velocity storage, VHIT, caloric test, rotatory chair test  |

Conflicto de intereses: Los autores declaran no tener conflictos de intereses

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