

## **THE ETIOLOGY OF SUDDEN UNILATERAL VESTIBULAR DAMAGE**

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The clinical picture of sudden unilateral vestibular peripheral damage is turbulent. Suddenly, the patient has the impression that his surrounding is moving, suffers of nausea, vomits. Unsteadiness is present, sometimes up to the inability of walking. The symptoms last for a few days, than gradually diminish during a time period of 2 to 3 weeks. Most of the sudden vestibular damages are caused by the reactivation of the latent Herpes simplex type 1 virus (HSV-1) who invades the superior part of the vestibular nerve. However, the same clinical picture can be caused by the occlusion of the upper vestibular artery, one of the branches of

the labyrinthine artery. The clinical picture in both etiologies is the same because lateral (and anterior) vestibular channel and utricl are invrated by the superior vestibular nerve (which is invaded by the HSV-1) and the upper vestibular artery carries the blood supply to the lateral (and anterior) semicircular channel and to the utricl. About the etiology we decide taking into account the anamnesis (a viral infection approximately two weeks before the onset of symptoms) and by showing or excluding risk-factors for atherosclerotic changes of blood vessels.