

6° Incontro

Regionale
ORL e Audiologia

SIENA 20-21 Giugno 2014



UNIVERSITA' DEGLI STUDI DI SIENA

Certosa di Pontignano

Responsabile Scientifico: Walter Livi

Presidente Onorario: Paolo Pagnini



**Azienda
Ospedaliero
Universitaria
Careggi**

*Università degli Studi
Firenze*



Lo studio della funzionalità canalare

HEAD SHAKING TEST

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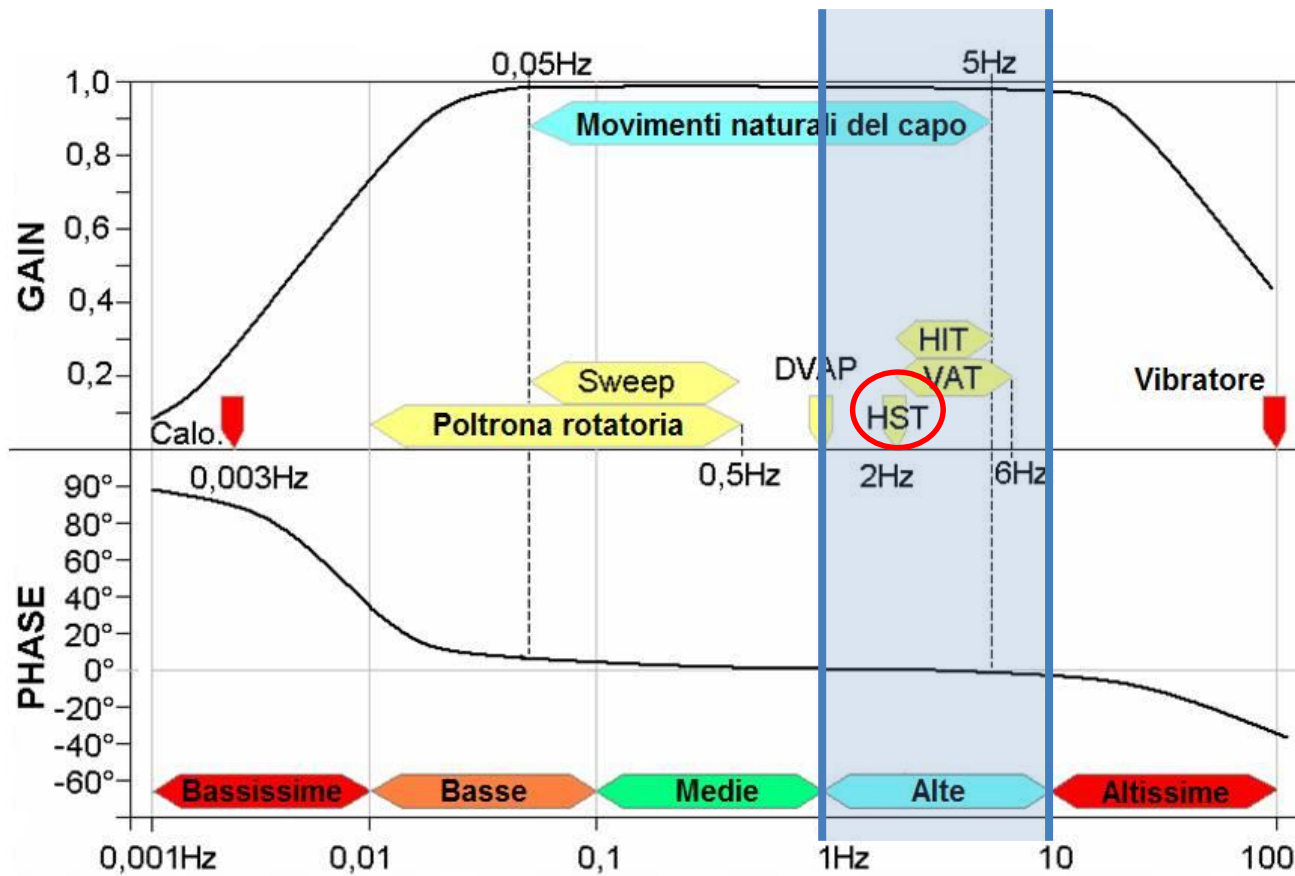
**LA SEMEOTICA VESTIBOLARE:
DAL NECESSARIO AL SUPERFLUO**

HEAD IMPULSE TEST

dal necessario...

...all'utile...

...al superfluo



NECESSARIO



lesione vestibolare periferica monolaterale

1. nistagmo deficitario (paretico)

★ “deficiency recovery pattern” ★

3. nistagmo irritativo (invertito, “reversed”)

4. rinforzo del nistagmo spontaneo

5. nistagmo “cross coupled”

6. nistagmo misto prevalentemente orizzontale

"deficiency recovery pattern"

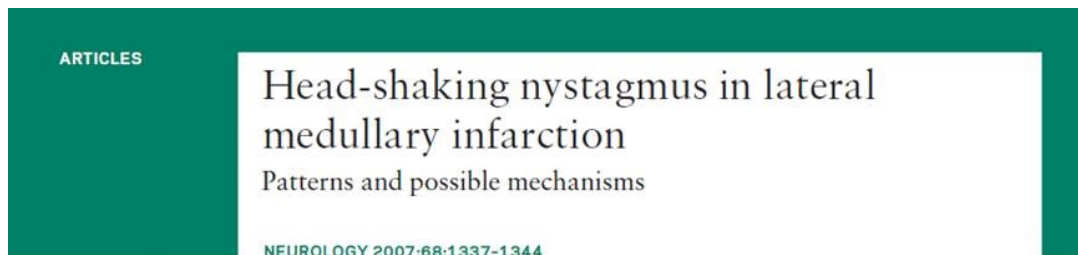


lesione vestibolare centrale

- ★ nistagmo “perverted” o nistagmo misto prevalentemente verticale ★
- 2. presenza di nistagmo da head shaking in assenza di deficit alle prove termiche o
assenza di nistagmo da head shaking in presenza di deficit alle prove termiche
- 3. nistagmo da head shaking molto intenso o nistagmo da head shaking intenso dopo
head shaking debole
- 4. seconda fase molto intensa o nistagmo polifasico
- ★ nistagmo irritativo (invertito, “reversed”) ★

"ipsilesional" nystagmus

infarto laterale del bulbo (sindrome di Wallenberg)



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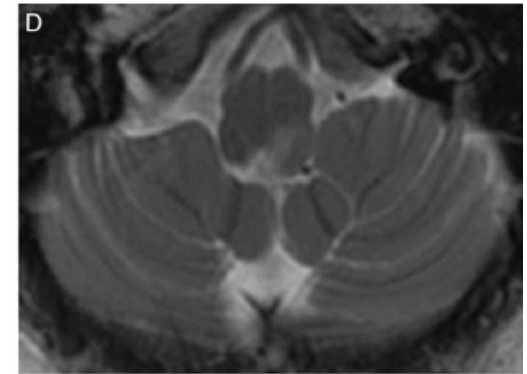
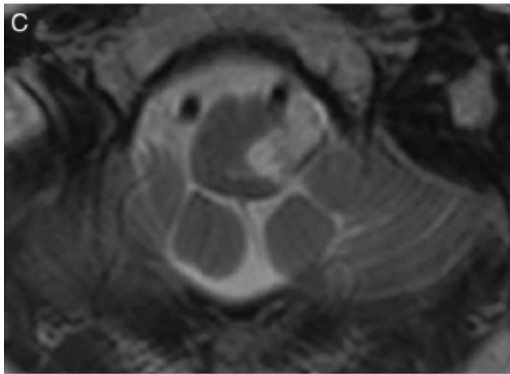
- ❖ **porzione caudale o media del bulbo**
- proiezioni da nodulo e uvula

❖ **characteristics of HSN in lateral medullary infarction:**

- HSN was observed in 87.5% of the patients and the horizontal components of HSN were all ipsilesional, even in the 8 patients with controlesional spontaneous nystagmus
- head shaking nystagmus may reverse only the horizontal component of a controlesional mixed spontaneous nystagmus or induce a dissociated ipsilesional horizontal and controlesional torsional nystagmus

"ipsilesional" nystagmus

infarto laterale del bulbo (sindrome di Wallenberg)



**Ipsilesional head
shaking nystagmus
in lateral medullary
infarction**

**Ipsilesional Head-shaking Nystagmus
in Lateral Medullary Infarction**

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"perverted" e "ipsilesional" nystagmus

infarto cerebellare

doi:10.1093/brain/awr269

Brain 2011; 134; 3662–3671 | 3662

BRAIN
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Patterns of spontaneous and head-shaking nystagmus in cerebellar infarction: imaging correlations

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PICA:

nodulo e uvula: "perverted"
"ipsilesional"

tonsilla inferiore: "perverted"

AICA:

flocculo e paraflocculo: "perverted"
"ipsilesional"

SCA:

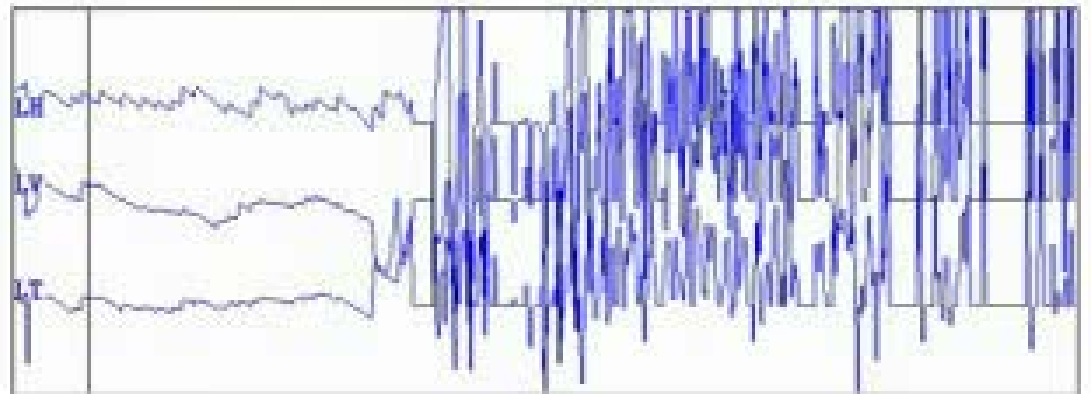
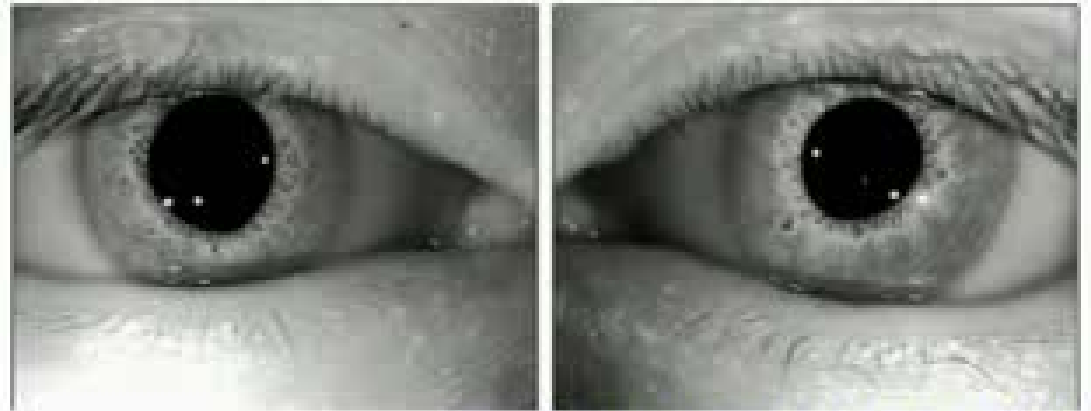
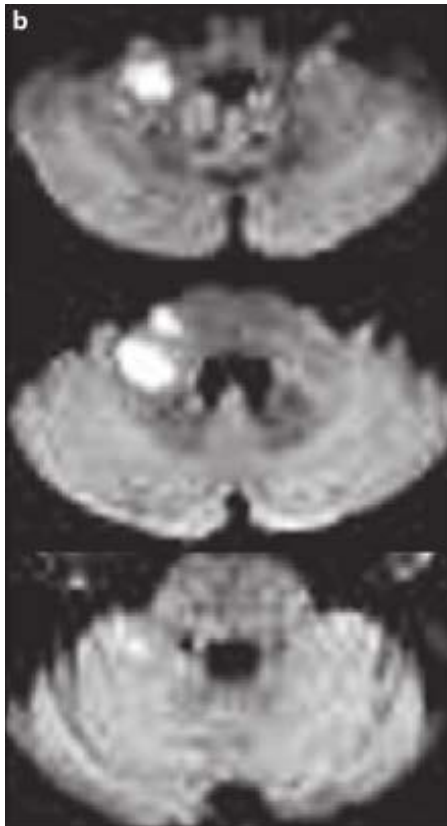
nucleo dentato: "ipsilesional"

❖ **HSN was observed in 37 (51%) patients:**

- HSN was "perverted" in 23 (23/37, 62%) patients and was mostly downbeat (22/23, 96%)
- all patients with a unilateral cerebellar infarction showed "ipsilesional" horizontal HSN (18/18)

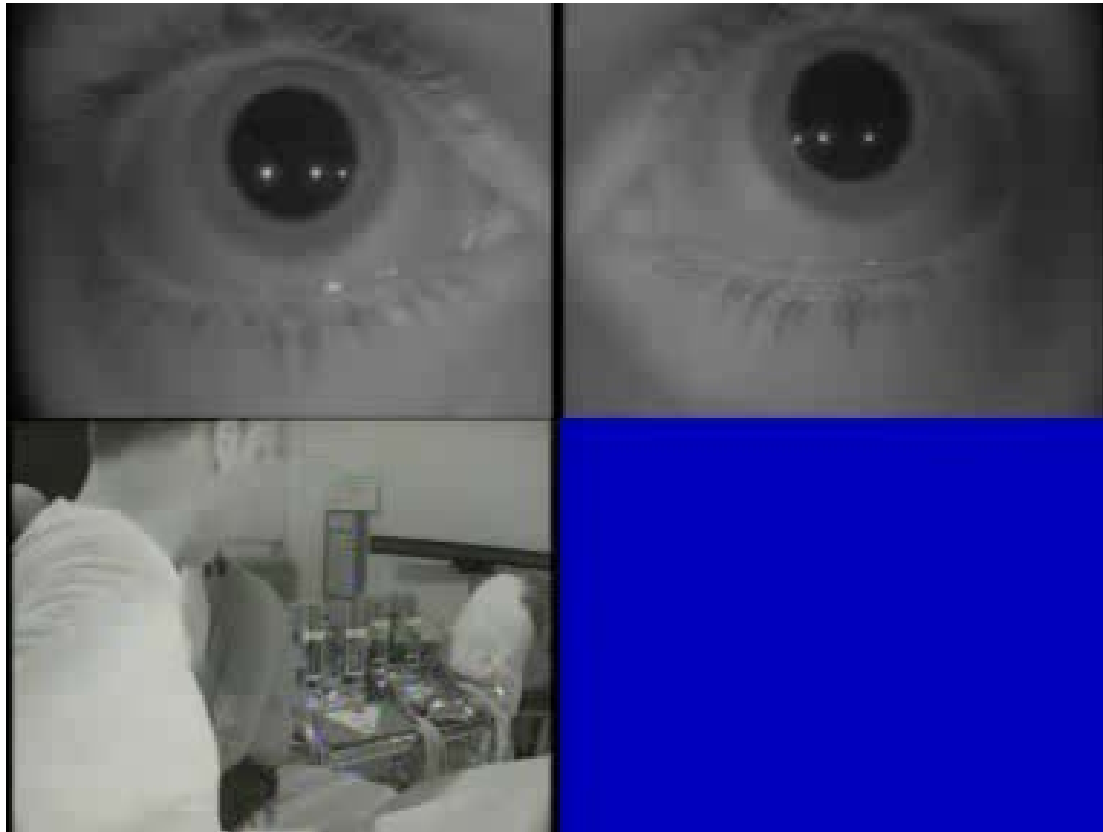
inversion of ipsilesional spontaneous nystagmus

infarto cerebellare



FORME RARE

head shaking flutter



CASO CLINICO (R.P.)

