**Acute unilateral peripheral vestibulopathy (uPVP) – think different and get better!**

Hegemann SCA, Wenzel A

Acute uPVP is usually named vestibular neuritis/neuronitis/neuropathy (VN), implying an infection or lesion of the vestibular nerve. According to the guidelines of the Barany Society a “diagnosis should be as phenomenological as possible without reference to a theory on pathophysiology or a particular disease.” We are convinced that many patients do not have a neuritis but, rather, a lesion in the vestibular organ, similar to an acute sensorineural hearing loss (SNHL) but in the vestibular organ. This is almost excluded by the name VN and prohibits an effective treatment in many patients. Intratympanic steroid injection is evidence-based efficient in SNHL, but there is no evidence-based effective therapy for aPVP. We propose a randomized, controlled study to find a personalized therapy for each patient. The problems of the diagnostic tests and their relevance for prognosis and decision of the optimal individualized therapy as well as the reasons for changing therapy will be discussed.