**Menière’s Disease (MD) and Vestibular Migraine (VM) can be indistinguishable – learning from one patient**

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Differentiation between MD and VM is often difficult. Several authors think they could discern by special signs like MRI of endolymphatic hydrops “which should have improved the differential diagnosis in suspected MD” (Gürkov et al.2017). I describe one patient with a definite MD according to the AAO-HNS and Barany criteria, including EH on the affected side. There were no migraine symptoms with the attacks. She was treated with all available therapies against MD without any success and finally gentamicin injection was recommended, which she denied. Because she had a migraine without aura that stopped about 15 years ago (menopause), I put her on migraine prophylaxis. Since 6 years she is now free of Menière-attacks and has no Menière symptoms, such as hearing loss, tinnitus, or aural fullness. Her EH was unchanged after a symptom-free interval of 3 months. In conclusion, MD is indiscernible from migraine in some cases and EH does occur in migraineurs. I suggest to do EH-MRI in a big sample of migraineurs with and without ear symptoms to see how many have an EH.