**The Skull Vibration–induced Nystagmus Test – What’s new about it.**

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The skull vibration–induced nystagmus test (SVINT) was first introduced in 1973, by Lücke and confirmed by Hamann et al., in 1993. Despite some more recent reports, bone vibration–induced nystagmus did not receive much attention from clinicians and researchers, and well-standardized methods of testing have only recently been established.

Although mastoid bone vibration should only induce nystagmus in the presence of vestibular asymmetry, it has also been reported in normal individuals, which raises the question: what should be considered a pathological vibratory nystagmus?

Another question is: what is the origin of the vibratory nystagmus?

Vibration has been shown to stimulate semicircular canals and otolithic afferents in humans and various animal species, mainly the irregular otolithic vestibular afferents.

Recent physiological studies demonstrated that the irregular otolithic neurons of the saccule and utricle are involved in vestibular activation by vibratory stimuli and that the afferents of the semicircular canals also participate in this response, principally following stimulation at 100 Hz.

To date, no population studies involving the use of the SVINT and that establish normative values have been published.

The aim of this study was to analyze different parameters of the SVINT in a normal population that help characterized what is a pathological vibratory nystagmus.

The parameters assessed included the horizontal-vertical component and the direction, the frequency, the mean and maximum speed of the slow phase and the number of stimulations that produce a positive response in each subject.

The study was conducted in both institutions, using the same method and stimulation device. Each institution developed its control group. In both patients and control group the SVINT was applied to each mastoid, using the V.VIB 3Fstimulator (Synapsys, Inc., Marseille, France) at growing stimulus frequencies of 30, 60, and 100 Hz for 10 seconds. Nystagmus was recorded by a 2-dimensional videonystagmograph.

The response was considered positive when it produced a sustained, non-direction–changing nystagmus, with a slow phase velocity, higher than 2,2º\s, at a frequency over 1 Hz, starting after the beginning of the stimulus, and abolished at the cessation.

We review the main characteristics of a normal and pathological SVINT and the more recent findings about the SVINT.