**Is Vestibular Neuritis the ‘Bell’s Palsy’ of the Superior Vestibular Nerve?**

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Vestibular neuritis is an acute vestibular syndrome consisting of severe prolonged vertigo, nausea, and vomiting in the absence of hearing loss or signs of central neurologic dysfunction. Over the last 50 years, numerous studies have characterized this disease process as an acute viral ganglionitis that primarily affects the function of the pars superior (anterior SCC, lateral SCC, and utricle) with sparing of posterior canal and saccular function. Temporal bone studies have identified a significant narrowing at the fundus of the internal auditory canal affecting the superior but not the inferior vestibular nerves (1,2). In similar fashion, Bell’s palsy is an acute neuronitis felt to be viral in etiology with swelling and entrapment of the nerve at its narrowest point in the labyrinthine segment next to the geniculate ganglion. In this presentation, an argument will be made for both vestibular neuritis and Bell’s palsy as compressive neuropathies triggered by viral inflammation and treated with steroids with or without antiviral agents.

1. Goebel JA, O’Mara W, Gianoli G: Anatomic Considerations in Vestibular Neuritis. Otol Neurotol, 22:512-518, 2001. PMID: 11449110
2. Gianoli G, Goebel JA, Mowry S, Poomipannit P: Anatomic Differences in the Lateral Vestibular Canals and their Implications in Vestibular Neuritis. Otol Neurotol 26(3), pp. 489-494, 2005. PMID: 15891655