**Meniere’s Disease: Past, Present and Future Treatments**

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Objectives:

* Discuss both historic and current presumed pathophysiology of Meniere’s Syndrome
* Discuss the overlap of Meniere’s Syndrome and Autoimmune Inner Ear Disease
* Discuss potential future treatment of Meniere’s Syndrome, including biologics and immunomodulators

Although Meniere’s Disease was first described in 1861, we

still have no agreed upon etiology. The list of possible candidates includes, but is not limited to: vertiginous migraine, allergy, autoimmune, viral, anatomic abnormalities and metabolic factors. Past and present treatment has been directed to symptom control, rather than underlying cause.

Past treatment was largely either to stand by until “symptoms burned out” or use metabolic stimulation such as glycerol to allow a temporary improvement in hearing.

Present treatment is either surgical and/or medical intervention, which, while able to improve the symptom of vertigo, is often at the expense of permanent hearing loss and damaged vestibular end organs.

The future treatment of Meniere’s Disease will be influenced by our evolving understanding of the common factor of tissue damage resulting from free radical formation, much of which has been learned from our treatment of autoimmune inner ear disease (AIED). One of the most common forms of AIED is bilateral Meniere’s Disease, and what we have learned is very relevant to the treatment of any patient with unilateral as well as, bilateral Meniere’s Disease.

This presentation will focus on the inflammatory pathways identified in AIED, and how the application of immune intervention may direct our future treatment of Meniere’s Disease. As our understanding of the etiology tissue damage evolves, it offers the hope of providing both symptom relief as well as organ preservation.