**The Intersection between Third Window Syndrome, Menière Disease and Vestibular Migraine**

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In 1861, 158 years ago, Prosper Menière presented a paper before the French Academy of Medicine in which he described a series of patients with episodic vertigo and hearing loss. Prior to that time, vertigo was thought to be a cerebral symptom similar to epileptic seizures. He was not attempting to define a disease or syndrome but rather to emphasize that vertigo could originate from damage to the inner ear. The term Menière disease is used to define the classic triad of vestibular and cochlear symptoms and aural pressure/fullness. Endolymphatic hydrops is widely accepted as the pathologic substrate, but much debate remains regarding the etiopathogenesis of the disorder. Vestibular migraine has also been recognized as a distinct disease entity. However, its symptoms overlap greatly with those of other vestibular disorders, especially Menière disease. Clinically, one-third of vestibular migraine patients develop endolymphatic hydrops. Others have hypothesized that the two share a common etiology and/or are variants of the same disease. To complicate the clinical spectrum of these inner ear disorders, there are now known to be 13 sites where a bony dehiscence can produce a third window syndrome, as well as additional CT- third windows. Most of these third window syndrome patients experience migraine headaches as well as the variants of migraine; vestibular migraine, ocular migraine and hemiplegic migraine. Of the various sites of dehiscence, superior semicircular canal dehiscence is most often associated with endolymphatic hydrops. The intersection of these symptoms and objective findings will be compared and contrasted.