High resolution magnetic resonance imaging in peripheral vestibular dysfunction in multiple sclerosis

A 28 year old woman with a 2 year history of relapsing-remitting multiple sclerosis presented with sudden onset severe vertigo, falling to the left, and spontaneous nystagmus with a rotatory component to the right side. Electro-nystagmography with caloric testing showed a right preponderance with a reduced stimulus response on the left side indicating an incomplete lesion of the horizontal semicircular canal. Slight abnormalities were seen on audiometry (slight deficit on the left) and auditory evoked potentials (isolated increase of the interpeak latency between waves III and IV on the left (1.0 ms on the right, 1.7 ms on the left)). T2 weighted MRI showed four small supratentorial and a single infratentorial lesion (figure). There was slight peripheral contrast enhancement on T1 weighted MRI. On high dose intravenous steroids symptoms improved significantly within a week with full recovery at follow up after 3 months. The site of the lesion in this patient is in line with experimental studies of caloric responses after various focal lesions in and around the vestibular nuclear complex in monkeys when vestibular paresis occurred only with lesions involving the eighth nerve root entry zone.1

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