Alexander’s law in vestibular neuritis

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DESCRIPTION

A 21-year-old woman presented with acute onset vertigo and nausea. She had a prior episode of upper respiratory tract infection and no hearing loss. Physical examination revealed left-beating spontaneous nystagmus in primary gaze (figure 1 and video 1). The nystagmus decreased in right gaze and increased in left gaze. Brain MRI was normal. Right vestibular neuritis was diagnosed and her symptoms improved on follow-up at 2 weeks later.

Acute vestibular syndrome is vertigo, nausea or vomit that appears acutely over seconds to hours and lasts for days to weeks.1 It is important to distinguish between peripheral vertigo such as vestibular neuritis and central vertigo such as cerebellar infarction.1 Alexander’s law refers to spontaneous nystagmus that occurs after an acute unilateral vestibular loss.2

Learning points

► Acute vestibular syndrome is vertigo, nausea or vomit that appears acutely over seconds to hours and lasts for days to weeks.1 It is important to distinguish between peripheral vertigo such as vestibular neuritis and central vertigo such as cerebellar infarction.1
► Alexander’s law refers to spontaneous nystagmus that occurs after an acute unilateral vestibular loss.2

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