Vertigo and dizziness in children and adolescents.

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Introduction – At the University Hospital of Nancy, a young patient who experiences vertigo or dizziness is often referred to the paediatric otolaryngology department by the pediatric emergency department and the care is made, according to the diagnostic orientation, mainly with the pediatricians, in particular pediatric neurologists and children’s oncologists, the physiotherapists, the cardio-pediatricians and the child psychiatrists.

Objectives – The aim of this study was to evaluate the diagnostic features of vertigo or dizziness at the pediatric otolaryngology department in the University Hospital of Nancy, France.

Methods – The diagnosis of the conditions associated with these symptoms were retrospectively reviewed.

Results – The study group concerned 380 patients (2-16 years old). Brief duration, isolated, recurrent vertigo often corresponds to benign paroxysmal vertigo (BPV) (20) (2-5 years) or to a migraine associated vertigo (MAV) (82) (older child, convergence insufficiency), more rarely to an epilepsy (9). Recurrent vertigo or dizziness associated to hearing signs can arise within the framework of otitis media (15). The long-lasting vertiginous crisis is close from the point of view of the etiologies of those of the adult, i.e. vestibular neuronitis or labyrinthitis (15). Chronic instability was noted in ataxia (medulloblastoma (6), chickenpox (4), intoxications (3), familial paroxystic ataxia (2), opsoclonus myoclonus syndrome (2)), bilateral vestibular deficit (12), multiple sclerosis (1), "cervical vertigo" (post-trauma (8), Chiari malformation (3)). Genetic etiologies can be suspected during a gait acquisition disorder or in the presence of a syndromic disorder (3). Vertigo can also be related to autoimmune diseases (3). Orthostatic hypotension arises in phase of fast growth (25). Another cardiovascular cause is the vasovagal syncope (15). Somatoform dizziness arises in particular during the adolescence (48).

Conclusion – One of the main objectives is to recognize the most serious conditions (posterior fossa tumor) and the most frequent (BPV, MAV). The diagnostic uncertainty is more frequent in children than in adults.