

38.3 The treatment of patients suffering from benign paroxysmal positional vertigo with oscillation

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Benign paroxysmal positional vertigo (BPPV) is a common cause of vertigo. Symptoms are triggered by a certain head position that the patients can often describe precisely and can often that can be reproduced artificially. The possible cause of BPPV is that canoliths of otoconical origin are suspended in the posterior semicircular canals (PSC). When the head moves into the triggering position, the canoliths cause the endolymph to move away from the ampulla resulting in inappropriate stimulation of the canal. Canalith repositioning procedure (CRP) has been widely adapted because it can cause the free canoliths to migrate by gravitation out of the PSC to the utricle, where they no longer affect the dynamics of the semicircular canal. It is supposed that the additional use of an oscillator by putting it underneath the head of the ipsilateral affected side, because of its vibration, may cause the free canoliths to migrate to the utricle faster and thus quicker recovery from BBPV.

In this study, 12 patients were treated during CRP with oscillation and 8 patients were not. There were 10 males and 10 females and their ages ranged from 26 to 75 years old. Results showed that patients treated with oscillation required less treatment sessions and quicker reduction BBPV. As a conclusion, CRP with oscillator is more cost-effective and less time-consuming than conventional CRP methods.

38.4 A survey of chronic rhinitis in Hong Kong

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Aim: This study aims to analyse the disease pattern of chronic rhinitis in Hong Kong.

Methods: 165 patient who had chronic rhinitis were recruited in this study. They were evaluated by questionnaire, clinical examination and allergy tests.

Results: 56% were allergic rhinitis and 34% were non-allergic rhinitis. In the allergic group, the age of onset of the rhinitis was earlier than the non-allergic group, 64% of the allergic group and 32% of the non-allergic group had the disease onset before age 20. 44% of the allergic group had positive family history of allergic diseases while 23% of the non-allergic group had family history. Other than rhinitis, 46% of the allergic group and 40% of the non-allergic group had other form of allergic diseases. The commonest allergen in the allergic group was house dust mite. There was no significant difference in the symptom scores in these 2 groups of patient including seasonal and diurnal variations, nasal obstruction, eye and nose itchiness, post-nasal dripping and rhinorrhoea.

Conclusion: The incidence of non-allergic rhinitis in Hong Kong was high. There was no significant difference in the clinical features between the allergic and non-allergic rhinitis.