Concurrent Session 1B - Otology & Neurotology

TRIO024 - Avoiding Ablative Procedures in the Management of Meniere's Disease: The Continued Role of Endolymphatic Mastoid Shunt Surgery

Friday, April 29, 2022

① 11:45 AM – 11:50 AM CT

Q Location: Landmark A

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Presenter(s)



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Educational Objective: At the end of this presentation, the participants should be able to better understand the success of endolymphatic mastoid shunt surgery (EMS) for Meniere's disease (MD) as well as outcomes of patients who fail a primary EMS.

Objectives: To review the outcomes of patients undergoing EMS for uncontrolled Meniere's disease.

Study Design:Retrospective chart review.

Methods: Records of 243 patients who had an EMS performed in an eight year period.

Results: A total of 243 patients underwent EMS for MD. Successful control of vertigo (class A or B) was achieved in 197 patients (81.07%), while 41 patients (16.87%) required an additional procedure to gain control of the vertigo episodes, and 5 patients (2.06%) chose not to have further treatment. Analysis of vertigo control by MD stage demonstrated that patients in earlier stages of disease correlated with better control of vertigo: stage 1 90%, stage 2 83.78%, stage 3 79.2%, and stage 4 61.9%, with a p value of 0.035. Of the 41 patients requiring additional procedures, 25 underwent revision EMS, with 19 (76%) achieving vertigo control, with the revision cases being performed on average 3.73 years after the primary EMS. Ultimately, 22 (9.05%) patients had ablative procedures (10 IT gentamicin, 12 labyrinthectomy).

Conclusions: Utilizing EMS surgery as a primary option, we achieved total or excellent control of vertigo in 81.07% of patients. Patients in earlier stages of MD are more likely to achieve vertigo control. In addition, if EMS patients do eventually develop recurrent vertigo, they respond well to revision EMS surgery. We were able to avoid audiovestibular ablative procedures in all except 22 patients (9.05%). Primary and revision EMS surgeries remain an excellent option for MD patients.