

Tumarkin's Otolithic Crisis (Drop Attacks)

Extracts from letters and articles in Spin

What is a drop attack?

Drop attacks, known as Tumarkin's Otolithic Crisis, are when a person falls to the ground with no warning. The person remains awake and does not lose consciousness. Drop attacks are sometimes experienced in the later stages of Ménière's disease. They do not affect everyone.

A drop attack feels as if you are being pushed violently and suddenly, causing you to fall. Symptoms are usually gone as quickly as they appear, and you can get up straight away and carry on with whatever you were doing (unless you get a drop attack at the same time as an acute attack of vertigo). During these attacks, the hair cells on your otoliths are suddenly activated, causing your balance to be severely disrupted. Experts do not know how or why this happens.

Extract from article by Dr S Surethiran, Consultant Neuro-Otologist

Drop attacks are a feature of Ménière's sufferers but it affects only a small proportion of patients. One study in the US by Baloh (1990) showed that just 12 out of 175 patients had drop attacks and Black et al. in 1982 reported a similar incidence — 11 of 200 patients. For those that do get the drop attacks it can be a very distressing problem; they usually occur suddenly without any warning and patients drop to the floor as if they were a puppet whose strings have been cut. Fortunately, only a small proportion of patients, as I've mentioned, are affected. Usually drop attacks occur in a flurry, over a period usually up to a year; I think only two patients in Baloh's study had more than six drop attacks. They can occur anywhere in the course of the Ménière's and then they usually just seem to go. If I see somebody with a drop attack in the context of Ménière's disease, I first of all make sure there are no other causes for them, as there are 70 other causes of drop attacks! This again brings us back to an important facet of the holistic approach — that the medical practitioner is aware and fluent with not only the feature of Ménière's disease but also the much wider field of balance disorders.

Letters to Spin

- 1. I have been a sufferer of Ménière's for some years, and have gone through the usual vertigo, sickness and diarrhoea, followed by very bad migraine. My medication includes Serc, Stugeron, water tablets and Stemetil. However, after about 18 months in remission, the attacks have returned. The first one ran as usual, but the second was entirely different. While in the garden, without any of the usual warnings, I was violently thrown across the grass. After sitting for a few moments I got up and carried on where upon I was thrown into a hedge. I was helped*

into the house and was sick with dizziness. I now understand these attacks are known as drop attacks. Can anyone explain just what takes place to trigger off such attacks?

Many members have written to us about 'drop attacks'. It is quoted in several sources that people with Ménière's disease will have a drop attack at some time, usually in the later stages of the disease. In a drop attack the person will suddenly fall to the ground, remain awake (no loss of consciousness) and with no vertigo. The person will feel as if they have been knocked to the ground. As this happens with no warning the attacks can cause serious injury. However there are many other medical causes of a sudden fall to the ground. Therefore it is important to see your doctor for a full examination if you have one of these episodes. In Ménière's disease these attacks are thought to be due to a sudden disturbance in the utricle of the inner ear and the effect of this on the pathways in the brain stem involved in posture and balance. The attacks are sometimes called Tumarkin's otolithic crisis. At the moment there is no specific treatment for these episodes other than the medical and surgical treatments normally used for controlling the attacks of vertigo. People who have these attacks need to be very cautious about their personal safety. The recent medical interest and research into the role of the utricle in linear motion and managing gravity may result in the developments of effective treatments in the future. *Answer by Dr G Osborne*

- 2. I was diagnosed with Ménière's at the age of 20. I knew what to expect as my late mother also had the condition. I had three or four attacks a year varying in severity until the age of 31. I met my fiancé during that year and at the time was free from any symptoms. Whilst driving to work one day I had what I now know to be a 'drop attack'. It was a terrifying experience – one minute you're fine, then BANG! It's like a blow to the head. Everything spun violently and I pulled the car over. As soon as it came it went. I thought it was a one off but that one attack was the start of four years of severe drop attacks, and the normal attacks, some putting me in bed for days. During those four years I underwent two 'saccus decompressions both only being successful for six months at a time. My fiancé had only known me for 11 months when this started, and his girlfriend went from a bubbly outgoing person to a recluse, scared to go anywhere alone for fear of an attack. In May this year I had the gentamicin treatment and to date feel better now than I have for a very long time. I'm looking forward to the future and hoping this feeling of wellbeing continues.*

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