Ménière's Disease

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The hydrops of the endolymphatic system is considered to be responsible for the symptoms of Ménière's disease. How this hydrops is achieved is still a problem. How all the symptoms of this disease can be the result of a distention of the endolymphatic system is also an unsolved question. We tried to approach these problems, starting from an entirely new idea which will be the symptoms of the hypothetic clinical picture of a still unknown spasm of the stapedius muscle. We expect hearing impairment of the pseudoperceptive type because there is an increased stiffness of the conductive system. There will be a tinnitus and if this is loud, it will result in a considerable hearing loss. The next symptom is a sensation of fullness or pressure in the affected ear.

Pseudo-recruitment may be found as well, if only one ear is involved. Loudness is less perceived on the side where stapedio-spasm exists. If the intensity becomes high enough during the binaural balance test there will be a stapedius contraction in both ears. When the stapedius muscle passes into a clonic activity – there will be strong movements of the stapes, the perilymph fluid and the endolymphatic system.

This will result in an irritation of the inward structures of the cochlea and vestibular labyrinth. These structures may even be damaged. The patient hears a roaring tinnitus and undergoes an attack of vertigo as long as the muscle persists in this clonic contraction. This supposed clinical picture of the hypothetic tonic and clonic activity of the stapedius muscle shows a striking resemblance to the symptoms of Ménière's disease.

Is there a relation between stapediospasm and Ménière's disease? Several other indications suggest it:

a) We know the tonic and clonic spasms of all the muscles innervated by the nervus facialis: blepharospasm, blepharoclonus, facial spasm, myokymia and hemifacial spasm (Duke-Elder).

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Lindsay presented the hypothesis that the explanation of the dizzy spell in the case of Ménière's disease probably has a mechanical basis, a mechanical disturbance of the ampullary apparatus.

On employing tympanomanometry as applied by Weiss et al. it proved to be impossible to register a normal stapedius reflex on the involved ear of two patients suffering from "hydrops".

One of these patients had a normal reflex again when the active phase of the disease was past.

In two patients suffering from dizzy spells and tinnitus these symptoms disappeared and stayed away after intersection of the tendon of the stapedius muscle in January and April

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respectively.