Ménière's Disease

L.M.

Veeger

Vught

Author's address: Dr. L.M. Veeger, Iloxtelseweg 25, Vught (Netherlands)

New facts were collected to support the author's theory that tonic and clonic spasm of the stapedius muscle are responsible for the symptoms of Ménière's disease.

The results of stapedius tenotomy in 12 cases are presented and the following conclusions were made:

Dizzy spells seem to be elicited indeed by clonic spasm of the stapedius muscle.

Tinnitus, however, cannot always originate from stapedio-spasm alone. In many cases there is also a spasm of the musculus tensor tympani.

To make this spasm theory acceptable we have to find out how these spasm are evoked.

Somewhere there has to be a focus, irritating the trigeminal or (and) facial nerve. It appears from anatomy that there is a great area wherefrom irritation of sensible nerves communicates to trigeminal and facial nerves.

According to Villiger (and others) the trigeminal nerve is connected with many sensible nerves. There are connections between:

nervus frontalis (VI) and nervus occipitalis; nervus auriculo temporalis (V3) and n. occipitalis minor; auricularis magnus, n. facialis and ramus auricularis tin. vagi: nervus infra-orbitalis (V2) and nn. buccinatorii nn. facialis; nervus lingualis (V3) and n. glossopharyngeus; and there are also connections between n. facialis and glossopharyngeus.

Consequently irritation from focus in neck, head and throat may reach the middle-ear-muscles.

This is possibly by "cross-firings" between sensible and motoric nerves and by reflex arcs.

Llúpesland observed contraction of the tympanic muscles during contraction of the periorbital muscles and during smiling, laughing, coughing, grimacing, yawning or voluntary head movements. Cutaneous stapedius reflexes have also been observed.

314

Veeger, Ménière's Disease

We found an irritative focus in all our 25 cases of Ménière's disease.

14 patients had a (pseudo-)cyst in the homolateral antrum:

10 patients had myalgia in neck or shoulder, or neuralgia of occipital nerves, belonging to the cervical syndrome of Barré;

1 patient had spasm of the masticators, caused by molar-loss (Myrhaug);

6 patients were free of symptoms immediately after removing an antrum-cyst.

The 8 remaining patients with antrum-cysts are awaiting the operation or do not like an operation, because they are already free of vertigo and severe tinnitus after tenotomy of their stape-dius tendon.

We could not find a cyst in the 10 patients suffering from a cervical syndrome.

There is no doubt that these cysts are irritating focus, originating spasm of the middle-ear-muscles and it is acceptable that spasm of neck and jaw muscles acts in the same way. It often happens that patients suffering from Ménière's disease have complaints of neck, shoulder, and head. Moritz found 145 cases of neck troubles in 300 Ménière-patients. The discovery of these cysts makes the focus and middle-ear spasm theory acceptable and gives new chances for effective therapy. Tenotomy of the stapedius tendon will remain a good therapy for some sufferers from cervical syndrom.