

Teaching Video NeuroImages: Intralabyrinthine schwannoma masquerading as Ménière disease

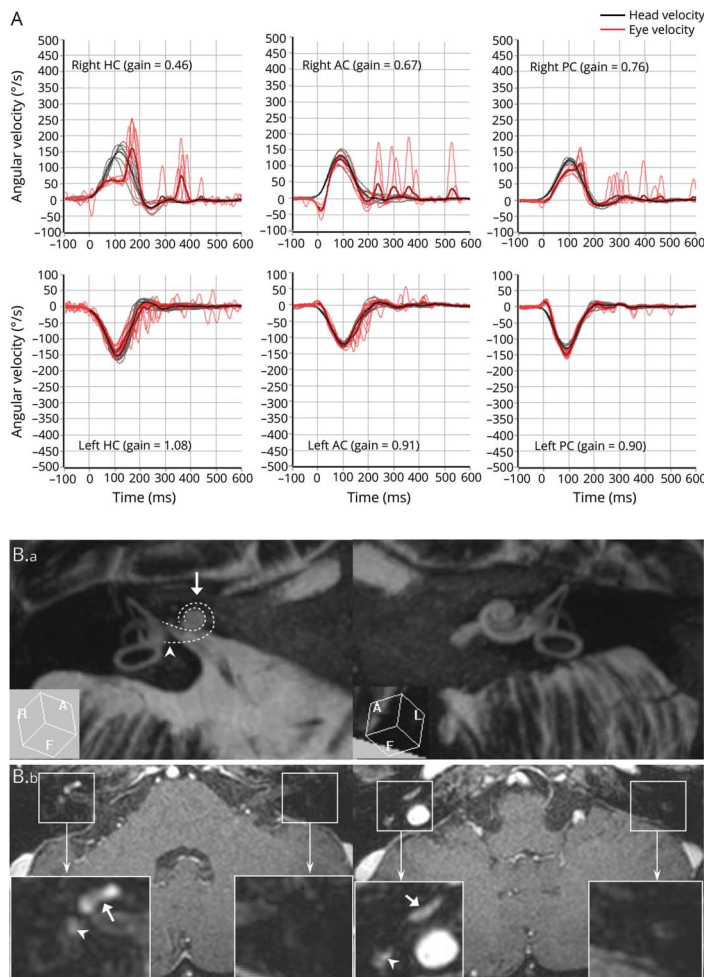
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Figure Patient findings



(A) Video head-impulse tests are positive to the right. AC = anterior canal; HC = horizontal canal; PC = posterior canal. (B) MRIs show a loss of T2 signal intensity at the basal cochlea (dashed lines and arrow) and vestibule (arrowhead) in the right ear (B.a) and abnormal enhancements in the corresponding areas (B.b).

A 56-year-old woman presented with recurrent spontaneous vertigo, fluctuating tinnitus, and ear fullness. Examination showed spontaneous nystagmus beating leftward and counter-clockwise without fixation, which changed into right-beating during rightward gaze and after hyperventilation (video 1). She also showed positive head impulse tests for

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all semicircular canals on the right side (figure, A), right caloric paresis of 94%, and right sensorineural hearing loss from schwannoma restricted to right labyrinth (figure, B). Intralabyrinthine schwannoma is a rare and underrecognized cause of recurrent audiovestibulopathy, masquerading as Ménière disease.¹ High-resolution MRIs allow antemortem diagnosis,² and labyrinthectomy may be attempted when refractory with medication.¹

This study followed the tenets of the Declaration of Helsinki and was performed according to the guidelines of the institutional review board of Seoul National University Bundang Hospital (1902/523-109).

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Disclosure

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