

### What is Labyrinthitis?

Labyrinthitis is inflammation of the inner ear affecting both the balance (vestibular) and hearing (cochlear) systems simultaneously. Unlike vestibular neuritis — which causes dizziness alone — labyrinthitis causes sudden dizziness AND hearing loss in the same ear at the same time. It is most commonly caused by a viral infection, though bacterial causes exist and are more serious.

Labyrinthitis is not a tumour, stroke, or permanent condition. The priority is to exclude a stroke (HINTS Plus examination) and start corticosteroids early to maximise hearing recovery. Most patients recover well with the right management.

### Key Facts

- Labyrinthitis is different from vestibular neuritis — it causes BOTH dizziness AND hearing loss together.
- The most dangerous mimic is AICA stroke — a HINTS Plus examination must be done to exclude it before diagnosis.
- Corticosteroids must be started within 72 hours for the best chance of hearing recovery.

### ► Causes — Why Labyrinthitis Happens

Cause	What happens
Viral infection	The most common cause. Viruses such as herpes simplex, mumps, or influenza spread from nearby tissues to the inner ear.
Bacterial infection	Bacteria spread from middle ear infection (otitis media) or meningitis. Less common but causes more severe and often permanent damage.
Vascular (AICA stroke)	Loss of blood supply to the inner ear via the labyrinthine artery — a branch of AICA. Mimics labyrinthitis exactly. Always excluded first.
Autoimmune	Immune-mediated inner ear inflammation. Less common; typically recurrent and may respond to immunosuppression.

### ► Your Symptoms — What Labyrinthitis Feels Like

Symptom	What you notice
Vertigo	Sudden, severe spinning sensation lasting hours to days. The room feels like it cannot stop moving.
Hearing loss	Sudden reduction in hearing in one ear — typically muffled or significantly reduced on the affected side.
Tinnitus	Ringling, buzzing, or roaring in the affected ear, often beginning at the same time as the dizziness.
Nausea & vomiting	Intense nausea accompanies acute vertigo. Vomiting is common in the first 24 hours and can be severe.
Balance problems	Difficulty walking straight; tendency to veer or fall toward the affected side.
Ear pressure	Sensation of fullness, pressure, or blockage deep inside the affected ear.

### ► Your Management Plan — From Rest to Recovery

#### ✓ DO — Things that help

- Rest in a quiet, dim room during the acute phase (first 1–3 days).
- Start gentle head movements as soon as tolerated — this speeds recovery.
- Take vestibular suppressant medication as prescribed for severe nausea.

#### ✗ DON'T — Things that worsen symptoms

- Stay completely still for more than 1–2 days — movement is essential for recovery.
- Drive or operate machinery until balance and vision return to normal.
- Fly without consulting your doctor if acute symptoms are still ongoing.

- Begin vestibular rehabilitation exercises from day 2–3 as guided.
- Attend follow-up appointments and your audiogram as directed.
- Ignore worsening hearing loss — report changes to your doctor promptly.
- Stop corticosteroids abruptly without medical advice.

### ► Treatment — What Your Doctor May Recommend

Treatment	What it does
Corticosteroids	Reduce inner ear inflammation. Most effective when started within 72 hours — improve both hearing and balance recovery.
Vestibular suppressants	Short-term relief from severe vertigo and nausea during the acute phase (1–3 days only). Not for prolonged use.
Vestibular rehabilitation	Exercises that train the brain to compensate for inner ear damage — the most important tool for long-term balance recovery.
Audiological follow-up	Hearing review at 3 months. Severe loss may require hearing aids or cochlear implant assessment.

### ► What to Expect — Your Recovery

Phase	What to expect
Days 1–3 (Acute)	Severe vertigo, nausea, and hearing loss. Rest, medication, and hydration. Start corticosteroids.
Days 4–14	Vertigo gradually settles. Balance remains unsteady. Begin vestibular rehabilitation.
Weeks 2–8	Balance improves with therapy. Hearing may partially or fully recover with early treatment.
Months 2–6	Most return to normal activities. A small number develop persistent dizziness (PPPD) — treatable.

#### EMERGENCY — Go to Emergency If:

- Sudden complete hearing loss in one ear.
- Double vision, slurred speech, or facial droop.
- Neck stiffness with fever — possible meningitis.
- Symptoms suddenly worsening after initial improvement.
- Severe new headache unlike anything before.

#### YOUR OUTLOOK — The Good News

- Viral labyrinthitis is not permanent — most patients recover well.
- Early corticosteroids significantly improve hearing outcomes.
- Vestibular rehabilitation accelerates balance recovery.
- The brain adapts through vestibular compensation over weeks.
- Anxiety about dizziness is common and treatable.