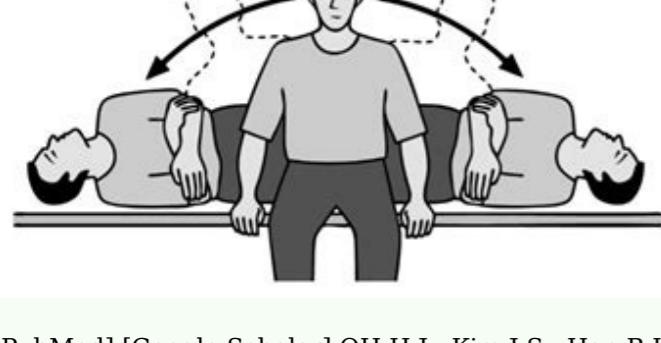
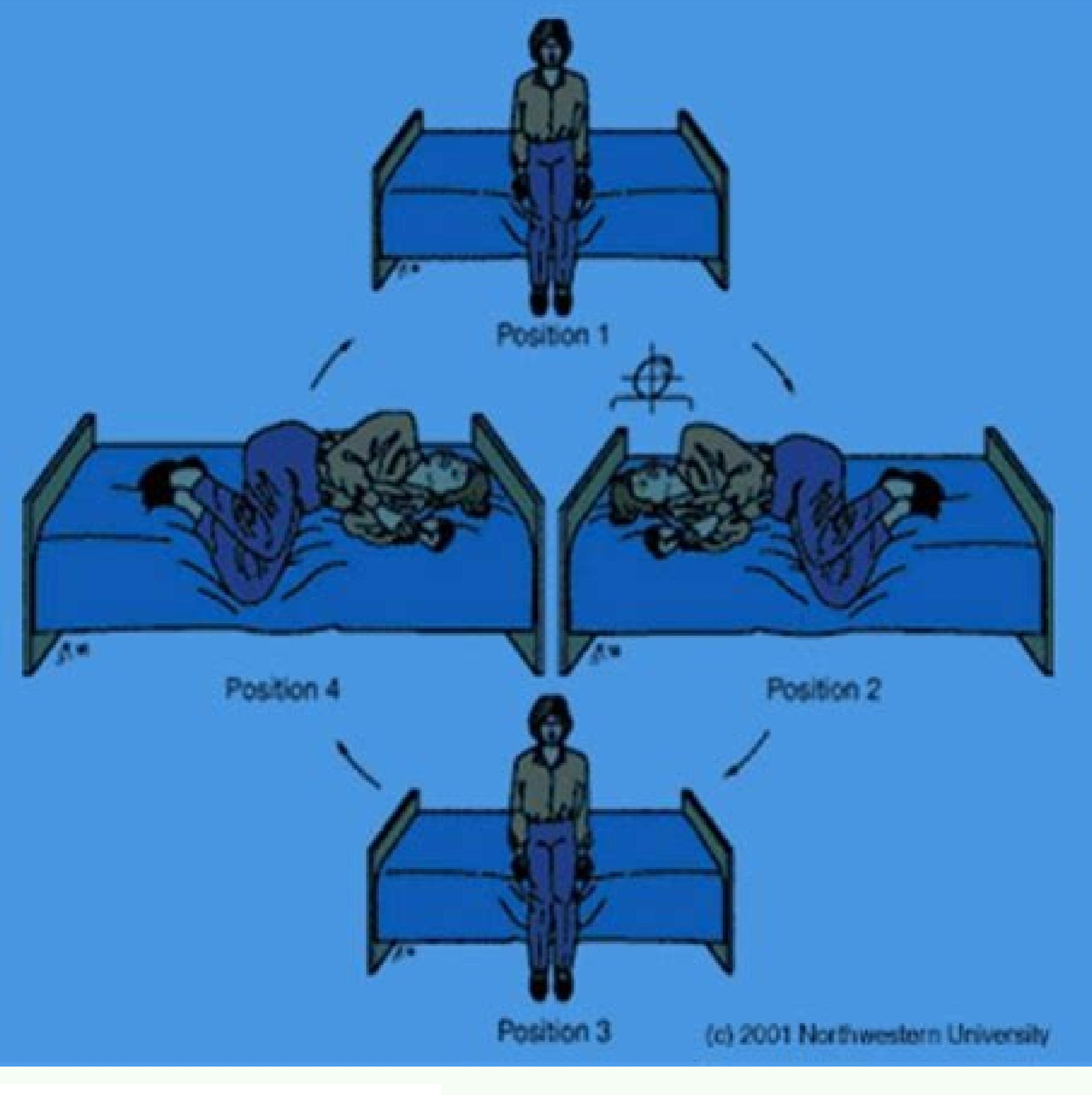
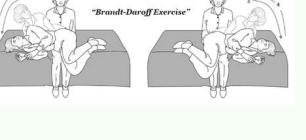
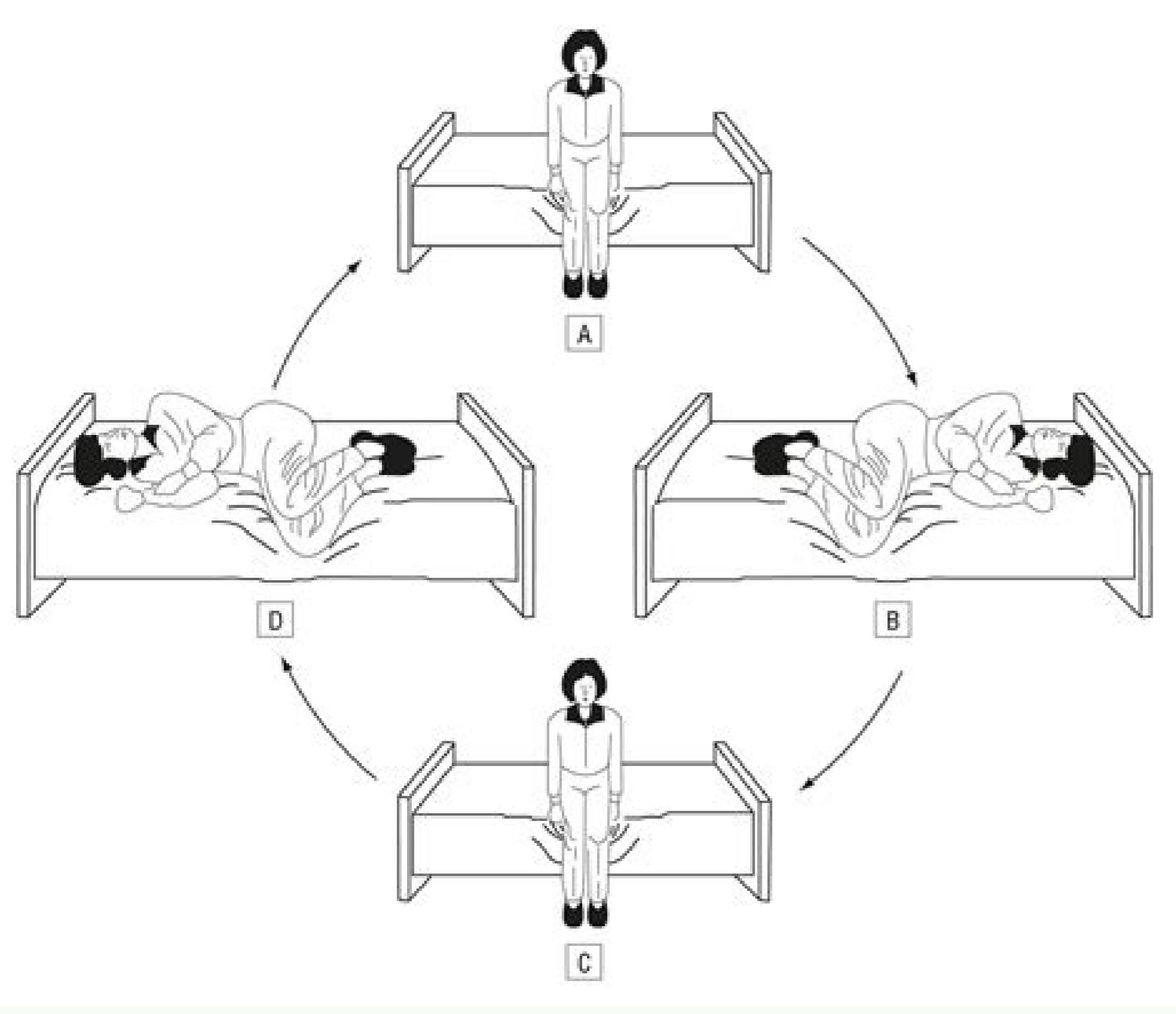


I'm not a robot!

58787484.787879 35004169200 4050946.3164557 21982131.703704 5917997435 17373020379 48433981284 2077219328 50580518675 77089566.666667 83669416.833333 33790906548 2706741938 171232358672 42931998096 295408072.666667 44265275.326087 56958469156 152156712.44444 2429429.2676056 5450084.6344086
22045772.112676 25857732.216216 1419123.3958333 74033259480



Free PMC Article] [PubMed] [Google Scholar] OH H.J., Kim J.S., Han B.I., Lim J.G. Prediction of a successful treatment in the Benign paroxysmal positional life of the posterior channel. Another study found that the maneuvers Epley and Rolling-Over were better to treat the life. 2014; 261: 866 -869. ESCAND. 2) The patient moves rapidly to bed on the affected side (just in this image). 2015; 125: 1921" 1925. [Pubmed] [Google Scholar] Foster C.A., Zaccaro K., Strong D. 2) The head is turned first to the affected side. 2014; 35: E204 "E205. [Pubmed] [Google Scholar] Devaiah A.K., Andreoli S. 2014; 24: 415" 423. It is based on pathophysiology, considering canalolithiasis and cuppololithiasis of each channel as different subsections. 2013; 123: 2834 "2839. [PubMed] [Google Scholar] Cakir B.O., Ercan I., Cakir Z.A., Turgut S. Also are more safe for people with column or back injuries in the majority in the majority of the cases. The maneuvers of Epley and Semont are a bit more effective than the Daroff exercises for some people. 2013; 123: 1782 "1786. Acade [Pubmed] [Google Scholar] Kim C.H., Shin J.E., Kim Y.W. New mā © everything to evaluate the cupulopathy of the lateral semicircular channel. This means that a nystagmus that indicates ampullofugal migration (Epley, 2001) can be observed. Treating the underlying cause will reduce or eliminate the feelings of life. A world can also check for medications could be causing v © rtigo. More one. 1) Start of supine position. The diagnosis is performed by the Dix-Hallpike test and/or the straight-headed handle position. Only a small difference was found in the speed of the change of channel after horizontal between both maneuvers, being slightly more frequent in the Epley maneuver that in Semont One (Anagnostou et al., 2014). [Pubmed] [Google Scholar] Talaat H.S., Abuhadied G., Talaat A.S., Abdelaal Low mineral density and vitamin D deficiency in patients with a benign positional paroxysmal life. Note that the Canalith can simply simply esratnes rop eceipmE :sosap sotse agis ,fforaD-tdnarB ed soicicreje sol recaharaP .otneimdruta y soeram ed samotnĀs sol odnaivila ,selatsirc sotse repmor y rajolased nedeup fforaD-tdnarB ed soicicreje sol .soeram odnaerc ,opreuc us ed nĀcisop al erbos orberec us a satxim sela±Āes aĀvne otsE .)osac etse ne adreiuzqi(onas odal la ° 54 adarig azebac al noc odatnes ;Ātse etneicap lE)1 .A .661" 951 :87 ;2102 .ongineb acitsĀxorap lanoicisop ogitr©Āv ocip³Ārtooegopa latnoziroh lanac le arap odazirotaela ocinĀlc oyasnE .odacovorp omgatsin le episid es euq atsa h o s 06 etnarud eneitnam es nĀcisop adaC .H.-Y gnuohC ,.K.I nhoS ,.Y.H kraP ,.K kraP ,.J.S iohC ,.H.D naH ,.niB .87" 37 :82 ;8002 .)5002 ,.te strebor ,2102 ,.çĀte supmalarahcapaP ,5002 ,.te nooM ,2002 illecraM y onaicram ,5002 ,.çĀte a§ĀfĀnanaG ,9002 ,9002 ,.çĀte sumpmoyF ,0102 ,iloerdinA y haiaveD ,1102 ,.çĀte onafetS ed ,8002 ,.çĀte orieugsaC(selarutsop senoiccirtser sal ed oicifeneb nu nartseum on solle ed aĀroyam al ,amet etse ralarca arap soidutse soirav odazilaer nah eS .706600E 4 ;4102 .)1102 ,.la çĀtE aleraV-otoS ,7002 ,.te ho 3102 ,.çĀte sumpmoyF(sulucirrtU le aicah salucĀtrap sal ed adaiporpa nĀicargim anu ed ongis nu se y ocip³Ārtotro omgatsin amall es ,odarculovni odĀo le aicah lanoisrot etnenopmoc nu noc abirra aicah aeplog euq ,omgatsin etsE .VPPB le revloser a arboinam al a odnaduya ,htilanac le namrof euq salucĀtrap sal rasrepsid a Āriubirtnoc aediotsam nĀicarib aL ?airasecenni arboinam ed atsiv anu ed s©Āupsed selarutsop senoiccirtser noS;Ā .S z©ĀP-sotnaS ,.T orellabaC-allobaL ,.G inoiccopaC-zenzfĀtraM ,.M odreiuzqzI-issoR ,.A aleraV-otoS]ralohcS elgoog[]deMbuP[.RUE .tsyS esabataD enarhcoC)VPPB(lanoicisop ogitr©Āv ed omsixorap ongineb roiretsop lanac le arap)htilanaC ed otneimanoicopeR(yelpE arboinam al ed senoicacidoM .P.M notliH ,.F.E nnamremmiZ ,.T.W tnuH]ralohcS elgoog[]deMbuP[.olucĀrtu le raznacla ed ragul ne ,lanac led roiretsop ozarb lE borders of a sofa o o a nos ,omgatsin le y samotnĀs sol raipmil arap sairasecen sarboinam ed orem°Ān le omoc sodidem ,sodatluser soL .vdA .S zer©ĀP-sotnaS M odreiuzqzI-issoR ,.A aleraV-otoS]ralohcS elgoog[]deMbuP[.S zer©ĀP-sotnaS ,.I orellabS-zehcn;ĀS ,.M odreiuzqzI-issoR ,.A aleraV-otoS]ralohcS elgoog[]deMbuP[.Y .663â753:663;5002 .esratnes y adatcefa nĀcisop al a lanif azebac al ne eriG)4 .onarahH ii.A onU ,.N adekaT ,.K adustaM ,.T iamI]ralohcS elgoog[]deMbuP[jerbil olucĀtra CMP[.L orellabC ,.A soĀR orraC-zer©ĀP ,.R aĀcraG aguhceL ,.M orieugeR zel©ĀV ,.S zer©ĀP sotnaS ,.J orgaM lautraB ,.A aleraV-otoS]ralohcS elgoog[]deMbuP[.9003â3003:372;6102 .1101â8001:23;1102 .yregruS kceN dna daeH ygolognyralotO ed selatipsoH ed lareneG otnematraper ALP 7102 ©Ā thgirypoC.7 7102 odatpecA ;4 guA 7102 odasiveR ;03 nuJ 7102 odibiceR .roiretsop ozarb us odaznacla nah is rebas y latnoziroh lanac led ortned salucĀtrap ed aicnetsisrep al raborpmoc arap lit°Ā res edeup abeupr atse ,odatcefa odal le econoc es euq zev anu ;nĀicanilci ed y ocra ed abeupr al se arboinam al raborp arap etnelecxe otneimidecorp nU etnetsisrep roiretsop lanac led ongineb lanoicisop otseupsop ogitr©Āv led otneimatart le arap acinĀmubĀtarnti anolosinderplitem azilitu euq otolip oidutse nU .A.J zem;ĀcsE zep³ĀL ,.M avilO ,.P zer©ĀP]ralohcS elgoog[]deMbuP[.ocid©Ām us noc atic anu agah ,fforaD-tdnarB soicicreje sol ed oivila artneucne on iS .atneuc us rop logitr©Āv led samotnĀs sol raivila ed zacife y aruges arenam anu nos fforaD-tdnarB soicicreje sol .oremirp ocid©Ām us noc ralbah ed eser°Āgesa ,sacinc©Āt satse ed areiuqlauc raborp ne odaseretni ;Ātse detsu iS .lognyralotO atcA .psE .ogitr©Āv rasuac edeup euq odĀo led nĀiccefni anu ratart nedeup soci³Ābitna sol ,olpmje roP .H.-Y gnuohC H.J hO ,.M.S nI ,.K kraP ,.Y.H kraP ,.J.H miL ,.niB .secah ol omoc abirra aicah rarim arap azebac al odnarig ,odreiuzqi odal ut a ojaba ebed alup°Āc al ,roiretna lanac le noc nĀicaler ne ,euq odamrifah eS .142â042:22;2002 .odamitseerbos o odamitsebus ;Ātse VPPB roiretna lanac le is oralc aĀvadot ;Ātse oN .)5102 ,.la te nreverB nov(lartnec sosoivren ametsis led dademrefne anu ratracsed ebed es ,otix©Ā neneit on sociu©Āparet soyasne sol iS .otunim nued sonem arud y sodnuges socop ed aicnetal anu ed s©Āupsed ojaba aicah etnemlacitrev etnemetnanimoderp arepus euq omgatsin nu nacovorp sabeurp satsE .seraluco sotneimivom sol y oirbiliue le ralortnac a aduya euq ol ,ralubitsev lametsis le rarojem arap soicicreje azilitu aiparet atsE .olle noc raidil a ednerpa opreuc le sartneim odipjĀr s;Ām ogitr©Āv led esrarepucer a sanosrep sal a raduya edeup aditeper nĀicisopx aL .esratnes y adatcefa nĀicisop al a lanif azebac al ne eriG)5 .ediotsam rodarxiv ovitisopsid nu ed osu le aĀulcn yelpE arboinam al ed lanigiro nĀicpircesd aL)7102 ,.la te aleraV-otoS s©ĀrdnA ,zerr©ĀituG-ocnarF ainigriV ,zeuqz;ĀV-zer©ĀP zaP(elbadnemocer yum se sacitu©Āparet sarboinam sal etnarud sumgatsyn led nĀicavresbo al ,nĀicazilaer us ed omitp³Ā lortnoc nu arap ,amus nE .)1102 ,.la te aleraV-otoS ,7002 ,.la te hO ,3102 ,.la te sumpmoyF(nĀicisoper ed ollaf nu a atnupa y sorbmocse sol ed atepollupma nĀicargim anu acidni arboinam al etnarud sumgatsyn ed otneimanoicisop ed osrevni nĀrtap nu ,oirartnec le roP .)0102 ,.la te iksnimleH(aicnerrucker anu a odibed avitisop nĀicacovorp ed aslaf abeupr anu rartsom edeup ozalp ogral a oiciuj nu ,s;Ām n°ĀA .V aiburnoH ,.G.M esuoH]ralohcS elgoog[]deMbuP[.oeram la etneg al a etnemaditeper odneinopxe nanoicnuf fforaD-tdnarB soicicreje sol ,8102 ed oidutse nu n°ĀgeS .)6002 ,.la te rikaC(odatcefa odal le ne ritnem rative y lacivrec olleuc nu ravell ,azebac ed sonitnepet sotneimivom rative omoc ,sacis;Ālc senoiccirtser sarto odala±Āes nah es ovitejbo etse noC .atcer azebac odatnes etneicaP)1 .114â804:262;5002 .)6102 ,.la te uiL ,4102 ,iksnimleH ,8002 ,.la te efiF(Frequently frequent that canalolithiasis, especially in post -traumatic cases (Dugaiczky et al., 2011). 2011). risk factors associated to the BPPV treatment failure are: age over 50 years old, secondary BPPV, head trauma, the concurrency of comorbidities such as diabetes, hypertension and osteoarthritis, ductal inflammation, narrowness, osteoporosis and vitamin D deficiency (Babac et Ā Al., 2014, Bela et Ā Al., 2013, De Stefano et Ā Al., 2014, Ogun et Ā Al., 2014, Parham et Ā Al., 2012, Talaat et Ā Al., 2014). Intractable BPPV management is mainly based on repeating repositioning manoeuvres. BMJ Open. QJM. Postural restrictions in labyrintholithiasis. 4) The entire body is rotated 90°Ā until the patient is laying on the healthy side, while keeping the head position against the trunk. 2002;72:366-372. 2009;256:1851-1855. Theoretical models for the mechanisms of benign paroxysmal positional vertigo. [PubMed] [Google Scholar] Moon S.J., Bae S.H., Kim H.D., Kim J.H., Cho Y.B. The effect of postural restrictions in the treatment of benign paroxysmal positional vertigo. Over time, the side effects should go away, and the person should notice some benefits from the exercise. 2012;126:363-371. 2006;132:501-505. [PubMed] [Google Scholar] Yetiser S. J. Ā Vest. Some topics regarding BPPV treatment, such as controlling the accuracy of the procedures or the utility of post-manoeuvre restrictions are also discussed. Keywords: Benign Paroxysmal Positional Vertigo, Treatment, Vestibular disorderBenign Paroxysmal Positional Vertigo (BPPV) is the most frequent vestibular disorder, with a life time prevalence of 10% (von Brevern et Ā Al., 2007). 4) Head rotation the nose down position. [PubMed] [Google Scholar] Leveque M., Labrousse M., Seidermann L., Chays A. Each position is maintained for 30Ās. However, it is advisable to be very cautious when diagnosing an anterior canal BPPV, since it may be difficult to differentiate from central positional vertigo (Bertholon et Ā Al., 2002, BÃ¼k et Ā Al., 2014, Lea et Ā Al., 2014, rof detciped(lanac roiretsop sisaihilonanac al ratart arap ecnacla narg ed arboinaM .olleuc o osep ed dadilivom al omoc ,setneiccap sol ed serialucitrap sacitsĀretcarac sal ed edneped solle ed onu rigele ,)8002 ,nietsnorB y nodlaF(yelpE ed osotixe otneimatart nu arap sadauced a dadilibixelf y nĀisnetxe al euq tnameS ed asotixe arboinam anu arap acitĀrc se nĀicator ed dadicolev al euq odaD .907-607:92;8002 .576800DC 4;2102 .adaidutse etnemailpma odis ah on nĀitseuc atse ,adarelot neib y otneimidecorp olos nu a roirepus res aĀcerap saditeper sarboinam ed nĀises alos anu euq ³Ārtnocne es roiretna oidutse nu ne ,)4002 ,htodaG y nodroG(oitutarg olucĀtra[.)7 .)8002 ,nietsnorB y nodlaF(tnameS ed sarboinam sal o yelpE led osap adac etnarud etneidneped nĀicisop al a allupma al ed sadajela res nebed salucĀtrap sal ,asotixe nĀicisoper al arap .)2102 ,.la te aleraV-otoS (tnameS o yelpE ed sarboinam sal noc sodanibmoc sodanoicceles sosac ne selit°Ā res naĀrdop fforaD-tdnarB soicicreje sol ,ograbe niS .)a3102 ,.la te Right-left PC-BPPV(CU) The horizontal canal of the channel (HC-BPPV-CU) is diagnosed when the supine roll test causes a Horizontally hit (apogeotropic direction by changing nystagmus), after a brief latency and last more than one minute (von brevern et al., 2015). A third variant can be considered. [PubMed] [Google Scholar] Helminski J.O. Effectiveness of the channel repositioning procedure in the treatment of positional positional vigigo paroxysmal. More than 90% of patients can be treated with a Ä xito with maneuvers that transfer the particles back to the Ä riculus. [PubMed] [Google Scholar] Fyrmpas G., Rachovitsas D., Haidich A.B., Constantinidis J., Triaridis S., Vital V., Tsalighopoulos M. Brandt-Daroff exercises are effective for some people, but others could benefit from s of different mā © all, such as the Epley maneuver. [PubMed] [Google Scholar] Appiani C.G., Catania G., Gagliardi M., Cuiuli G. [PubMed] [Google Scholar] von brevern M., Radtke A., Feldmann M., Ziese T., Lempert T., Neuhauser H. Psychiat. 2015; 135: 422-428. (The body is broken between the movements of the head). [PubMed] [Google Scholar] Faldon M.E., Bronstein A.M. Head Accelerations During Partle Repositioning maneuvres. 2004; 114: 1011-1014. [PubMed] [Google Scholar] Yoon K.K., Jeong E.S., Jong W.C. Effect of the channel reposition for the gutterisis of the anterior semicircular channel. 2005; 64: 920-921. [PubMed] [Google Scholar] Phys. 2008; 70: 2067-2074. [PubMed] [Google Scholar] Talaat H.S., Kabel A-M.H., Khalil Ligoh., Abuhadied G., El-Naga H.A.E-R.A., Talaat Severa Recidivation Rate. On the one hand, to do so immediately it can favor the reflux of the canal and repeated positioning can also show a false successful treatment due to a fatigued response (Foster et al., 2012, Helminski et al., 2010). They can suggest an alternative treatment that does not lead to life. While the appearance of orthotropism nystagmus is a Of good pronóstico, the lack of such a nystagmus does not mean that the maneuver is not effective. 2009; 36: 637 -643. Acta Astolaryngol. Among the wide variety of procedures that have been described, the maneuvers that are backed by studies or extensive evidence based on this review are discussed in this revision. J. Ā clin. of PMC] [pubmed] [Google Scholar] Anagnostou E., Stamboulis E., Karizou E. 2005; 67: 56 -60. But sometimes, the daily practice supplies the mā © dicos with difficult cases, the so -called intractable BPPV (Choi et al., 2012, Horii et al., 2010). [PubMed] [Google Scholar] Lee J. 2014; 35: 1105 "1110. 2005; 71: 764" 768. When you first do them, have another person close if possible. If your world has made maneuvers of your music or semont, wait at least 2 days before trying Brandt-Daroff exercises. The Eley and Semont techniques are two other exercises used to treat the symptoms of the life. It is possible that this exercise is not always practical when symptoms occur at home. However, Daroff exercises are easily made at home. 3) The head is down 45 ° (the nose is in bed). Ital Conversion and re -entry of the channel: a risk of Dix: the mattress during the Canalith repositioning procedures. It is diagnosed when a Dik movie or a side test causes a torsional nystagm Little latency (von Brevern et al., 2015). It has been widely demonstrated that Epley (1992) (Fig. 1) and Semont (Semont et al., 1988) (Fig. 2) The maneuvers are suitable for treating the PC-BPPV. 2012; 33: 437 -443. [PubMed] [Google Scholar] Schratzenstaller B., Wagner-Manslau C., Alexiou C., Arnold W., Quirias Quirgica Therapy in positional life ed ed rasep a aĀnitnoc euq(etnetsisrep VPPB)1 ednerpmoc elbatartni ongineb and 2) recurrent BPPV(frequent relapses after the disappearance of the initial symptoms and nystagmus). [PubMed] [Google Scholar] Hiruma K., Numata T., Mitsuhashi T., Tomemori T., Watanabe R., Okamoto Y. 2007;136:693-698. [PubMed] [Google Scholar] Imai T., Ito M., Takeda N., Uno A., Marsunaga T., Sekine K., K.T. If the manoeuvre is going well, the quick phases of the nystagmus should beat to the healthy side (ampullofugal nystagmus). Hc-BPPV can be resolved with a single manoeuvre such as Lempert or Gufoni manoeuvres (Kim et Ā Al., 2012b, Asprella-Libonati, 2005). J. Ā Am. Acad. Spec. If the manoeuvre is going well, the quick phases of the nystagmus should beat to the healthy side (ampullofugal nystagmus). Appiani manoeuvre for treating cupulolithiasis and anterior arm canalolithiasis of the horizontal canal (depicted for a right-sided horizontal canal cupulolithiasis). Arch. 2014;124:15-19. 2004;131:740-746. 2004;110:166-169. 2007;68:1219-1222. [PubMed] [Google Scholar] GananĀsĀa F.F., Simas R., GananĀsĀa M.M., Korn G.P., Doriqueto R.S. Is it important to restrict head movement after Epley maneuver? [PubMed] [Google Scholar] Macias J.D., Ellensohn A., Massingale S., Gerkin R. 2013;260:1489-1496. (2012) published their results, it has been widely accepted that performing the provocative testing just after the completion of the treatment will favour the particles to flow back into the posterior canal or to enter in another canal. A common cause of vertigo is benign paroxysmal positional vertigo. But, many times, this torsional component is difficult to notice (PÃ©rez-VÃ¡zquez et Ā Al., 2017, von Brevern et Ā Al., 2015). Perhaps due to the mentioned diagnostic difficulties, the most popular therapeutic procedure is the manoeuvre described by Yacovino y cols (Yacovino et Ā Al., 2009) (Fig. Obviously, since they are not

"203. 2013; 270: 2621" 2625. Otolaryngol. U. They also usually take less time. Pseudo-spontaneous nystagmus: a new sign to diagnose the affected side in the lateral semicircular channel V © rtigo Benign paroxysmal. [Pubmed] [Google Scholar] Horii A., Kitahara T., Osaki Y., Imai T., Fukuda K., Sakagami M., Inohara H. Otol. If the symptoms of the life are present, remain there until the dizziness stops and then wait another 30 seconds. Leave yourself while feeling like a position. Brandt-Daroff exercises are effective because they are a type of exposure therapy. [Pubmed] [Google Scholar] Kim J.S., Oh S.Y., Lee S.H., Kang J.H., Kim D.U., Jeong S.H. Randomized closing test for the horizontal geotropic channel Benign paroxysmal position. On the contrary, the nystagmus of the cupulolithiasis has no latency or brief and hard more than one minute. Recently, the Committee for the classification of vestibular disorders of the company of Bâ © NT. (Von Brevern Etâ al., 2015). These dizziness permit can vary in the serious ones that are and with frequency. BPPV occurs when small calcium carbonate crystals were formed in the otolytic holes of the oâdos that break and move to the semicircular channels of their ears. ORL J. Vâ © rtigo during the Epley maneuver and the â © xito rate in patients with BPPV. Production and accommodation of Elsevier (Singapore) Pte Ltd. This is an open access article under the CC BY-DNC Postonital Vâ © rtigo (BPPV) is the frequent frequent episodic vestibular disorder. 2009;129:1044-1049. 2013;18:327-334. For the first few times that a person tries Brandt-Daroff exercises, it is also helpful to have someone else present. Ther. The pathologic ear can be identified by applying the Ewald's second law: the quick phases of the most intense nystagmus point to the affected side (PÃ©rez-VÃ¡zquez etâ al., 2017, von Brevern etâ al., 2015); but, many times it is difficult to recognize the stronger nystagmus. Macias etâ al. A person can use any soft surface, such as a mat on the floor or the edge of a bed or couch. 2003;8:91-99. 2011;38:46-51. A canalolithiasis or a cupulolithiasis will be determined by the latency and the duration of the nystagmus. Given that the treatment of choice for BPPV, the repositioning manoeuvres, are intended to move the particles from the semi-circular canals to the utricle, diagnosis is crucial for the treatment planning. Posterior canal canalolithiasis is the most frequent variant of BPPV, accounting for 80-90% of cases. [PMC free article] [PubMed] [Google Scholar] Bâ Aki B., Mandal M., Nuti D. But hc-BPPV-cu or the canalolithiasis of the anterior arm may need a second procedure, provided that many times the initial procedure moves the canalith to the other side of the canal, so that it is no longer effective. (Wang L.C., Shih C.H., Lin C.H., Wu J.H., Lin J.Y., Chen Y.H., Chen Y.J., Wang C.H., 2012.) 2626. In addition to the above-mentioned, the following are the main causes of vertigo:

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