2015 Equilibrium Committee Amendment to the 1995 AAO-HNS Guidelines for the Definition of Ménière’s Disease

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Abstract

Ménière’s disease is a disorder of the inner ear that causes attacks of vertigo and hearing loss, tinnitus, aural fullness in the involved ear. Over the past 4 decades, the Equilibrium Committee of the AAO-HNS has issued guidelines for diagnostic criteria, with the latest version being published in 1995. These criteria were reviewed in 2015 by the Equilibrium Committee, and revisions were approved at the recent meeting of the committee at the 2015 AAO-HNSF Annual Meeting. The following commentary outlines the amended and approved criteria.

Keyword

Ménière’s disease diagnosis

Received December 21, 2015; accepted January 4, 2016.

Ménière’s disease (MD) was first described in 1861 by Prosper Ménière, and it consists of the clinical combination of recurrent attacks of vertigo accompanied by aural fullness, tinnitus, and fluctuating hearing loss. Although no singular etiology for MD has been discovered, the association of clinical symptoms during life and the finding of endolymphatic hydrops on postmortem temporal bone examination have led to the view that the hearing loss and vertigo in MD are associated with abnormal endolymph production and/or resorption. Nevertheless, there remains no singular clinical test for MD, and making the diagnosis rests with identification of key clinical features.

In the past, numerous efforts have been made to produce a consensus statement regarding the diagnosis of MD. In 1974, the Japanese Society for Equilibrium Research proposed criteria for diagnosing MD, which were not published. The American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) followed with a series of published guideline statements in 1972, with subsequent revisions in 1985 and 1995. At present, the AAO-HNS recognizes 4 diagnostic categories for MD: certain, definite, probable, and possible (Table 1). Moreover, the nature and documentation of fluctuating hearing loss are broadly defined.

Recently, the Barany Society has initiated an attempt to develop internationally accepted definitions for a variety of vestibular disorders. The Classification Committee of the Barany Society was formed to develop the International Classification of Vestibular Disorders to standardize terminology for reporting and research purposes regarding vestibular signs and symptoms, vestibular syndromes, and specific vestibular diseases. With regard to MD, a multinational collaboration was formed among the Equilibrium Committee of the AAO-HNS, the Japan Society for Equilibrium Research, the European Academy of Otology and Neurotology, the Korean Balance Society, and the Barany Society to further refine the definition of MD and explore potential etiologies. Under the direction of Jose A. Lopez-Escamez, MD, PhD, a consensus document was created on published in 2015. This document outlines the committee’s recommendations with regard to diagnostic criteria for MD and discusses potential etiologies and associations with alternative diagnoses, including vestibular migraine and transient ischemia. In this document, only 2 categories of MD—definite and probable—are recognized and the characteristics of each category defined (Table 2). At the 2015 AAO-HNSF Annual Meeting in Dallas, the Equilibrium Committee reviewed and approved the modified definitions of MD as an amendment to the 1995 MD guidelines. The major differences between the new and old definitions are as follows: (1) the elimination of the “certain” and “possible” MD categories, (2) the requirement for audiometrically documented low- to mid-tone fluctuating loss....
in the affected ear only in the “definite” category, and (3) a defined range of vertigo duration. The committee did not address additional topics in the International Classification of Vestibular Disorders document regarding etiology or therapy and felt that a more thorough review of the entire disease process via a clinical practice guideline would be more appropriate.

**Author Contributions**

Joel A Goebel, complete authorship.

**Disclosures**

**Competing interests:** Joel A. Goebel, Micromedical Technologies—speaker’s bureau, honoraria; Lippincott Williams & Wilkins, *Practical Management of the Dizzy Patient*—book royalty.

**Sponsorships:** Equilibrium Committee, American Academy of Otolaryngology—Head and Neck Surgery.

**Funding source:** None.

**References**