Cervical vertigo ou dizziness
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“Cervical vertigo” is rarely true vertigo but there are several experimental and clinical arguments in favour of a possible origin of cervical postural instability. A correct perception of the body balance during head movement requires both a vestibular signal and precise cervical static and dynamic proprioceptive information. This finding alone is sufficient to validate the concept of a feeling of instability of cervical origin, called by some authors “cervical vertigo”. A vascular mechanism is very rarely involved in the presence of two functional vertebral arteries and a normal Willis polygon. The increase in the gain of a vertical semicircular one-sided BPPV? What is multisensory reponderation change before and after a therapeutic repositioning manoeuvre of a vertical semicircular one-sided BPPV? F.C. Boyer a, b, *, I. Paté c, S. Ghoulia, A. Rapina, L. Tambosco a, J. Nicomettea, C. Monseua, M. Toussaint-Thorinc, A. Chays b, E. Regrain a
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Introduction.– Patients affected by BPPV present postural disorders: hesitating deambulation, fast movements perturbation. Although 1/3 of the patients complain about an walking instability discharging otolithic repositioning manoeuvres, we make the clinical hypothesis of an improvement of the global instrumental postural balance after these treatments.

Methodology.– Ten patients (3 men) affected by an posterior semicircular one-sided BPPV are followed to j0, j7 and j28 by dynamic posturography (FRAMIRAL®). The mean age is 50 years (range 36–60 years). The patients had no intercurrent pathologies which can disrupt balance, they can see a red point by fixation in the darkness, and moved without walking device. The projection surface of the center of gravity (COG), the speed of travel of the COG were measured. Percentage of “Sensory Organization Protocol” (SOT according to 6 conditions) were calculated by the software of this dynamic posturography. Trends of these percentage were analysed.

Results.– Three of seven patients damage the SOT Framiral Test (condition 6) between j0 and j28. Three of seven patients are 0% at j0 to j28. One of seven is stable. While the patients have no spontaneous complaint.

Discussion.– This dynamic vestibular misuse after a otolithic repositionning manoeuvre until j28 was rarely described. Two explanations can be advanced. He could involve a preferential use of the visual entrance as if it was a vestibular siederation. This sidereation could be connected to the stimulation of the utriculo system by the otoliths repositionned, which did not have time to be reduced until j28.

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Bilateral or unilateral tendon-vibration in the postural control: What are effects? N.C. Duclos a, b, *, L. Maynard a, S. Mesure a
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