

Patient had a normal MRI and normal neurological examination on August 24, 2010. Assessment for peripheral vestibular function follows: Most clinical tests were completed with difficulty and poor cooperation. OTOSCOPY: showed bilateral intact tympanic membranes with central Weber test and bilateral positive Rinne. ROMBERG TEST: maintained postural stability with difficulty. Frenzel glasses examination: no spontaneous, end gaze nystagmus. DIX-HALLPIKE: showed no positional nystagmus excluding benign paroxysmal positional vertigo. HEAD SHAKING AND VESTIBULOCULAR REFLEX [HALMAGYI TEST]: were done with difficulty a short corrective saccades may give the possibility of having a decompensated vestibular hypofunction. IMPRESSION: Decompensation vestibular hypofunction documented by further electronystagmography and caloric testing. PLAN: Booked for electronystagmography and advised to continue with her vestibular rehabilitation exercises, in addition to supportive medical treatment in the form of betahistine 24 mg twice a day.