

“Clinicians should differentiate BPPV from other causes of imbalance, dizziness, and vertigo”¹.

Positional nystagmus, initially diagnosed as BPPV, can frequently be a manifestation of another disease process².

Changes in endolymphatic density result in positional vertigo with atypical nystagmus patterns³.

When the positional nystagmus is caused by vestibular lithiasis, differential diagnosis is necessary to apply the appropriate canalith repositioning procedure⁴⁻⁶.

Positional vertigo variants with permanent apogeotropic direction-changing nystagmus are difficult to distinguish from central etiologies⁷. Anterior canal benign paroxysmal positional vertigo (AC-BPPV) can mimic down-beating positional nystagmus of central origin, particularly when it is bilateral.⁸

Anterior canal lithiasis is more common than originally thought and is more common post head trauma.⁹ This may be because the Dix-Hallpike does not adequately provoke the condition.¹⁰

Failure¹¹ and conversions can be common; this can be due to many factors, including improper procedures¹² and also to physiology or the orientation of the horizontal canal¹³.

Precision repeatability and unlimited 360 deg maneuverability can improve diagnostic and treatment potential^{11, 14-17}. The effectiveness of the Mechanical assistance in BPV: a 1200 patient study^{18, 19}

Constant visualization of nystagmus (VOG) and nystagmus-based repositioning^{20, 21} is important. Video-oculography (VOG) provides information relative to vertical, horizontal and torsional components of nystagmus.^{22, 23}

Video-oculography demonstrates a higher occurrence of atypical positional nystagmus. This includes anterior and horizontal canal variants and multiple positional nystagmus, suggesting combined lesions affecting several canals²⁴.

Minimal stimulus is easier on the patients with less vegetative symptoms²⁵

Tests and Maneuvers

- Dix Hallpike²⁶
- Canalith Repositioning; Epley Maneuver²⁷
- Barrel Roll²⁸, Horizontal Roll Test^{20, 29}
- Back Flip or “Heels over Head” Maneuver^{30, 31}
- Forward Flip⁹
- HSC Null Point ID^{32, 33}

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