



Advances in Vascular Vertigo

Guest Editor:

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Message from the Guest Editor

In recent years, technological evolutions have enabled the introduction of highly refined instrumental supports into clinical diagnostic routines (for example, vHIT or VEMPs). Technology has certainly ensured the effectiveness of the evaluation criteria for patients who present with acute vestibular symptoms and additional central neurological symptoms and signs, including central HINTS signs (normal head-impulse test, direction-changing gaze-evoked nystagmus, or pronounced skew deviation).

The aims of this Special Issue are to raise awareness of this clinical diagnosis, to uncover the mechanisms of its pathophysiology, and to emphasize differential diagnosis approaches and outcomes following interventions. For example, isolated labyrinthine infarction does not yet have a confirmatory test, and can only be suspected in cases of acute unilateral vestibular loss if accompanied or followed by an ischemic stroke in the anterior inferior cerebellar artery territory within 30 days, as recommended by the guidelines of the Bárány Society.

