Vestibular Case A - Lorenzo Soleri

1. My first hypothesis is a form of BPPV, either pc or hc. I think that because of the modality of provocation of the vertigo.
2. I would determine if there is or not spontaneous nystagmus. If not, I would differentiate the type of BPPV through DHT vs SRT, determine the ear to be treated and, if hc-BPPV, if canalolithiasis or cupulothiasis. I would then proceed with the appropriate maneuver.  
   I would also educate the patient and calm her down regarding the condition, I would also explain that there is a low chance that it might happen again, but that it is absolutely manageable and nothing to be afraid of.
3. The “autonomic” symptoms she reports might be related to her anxiety. It means that I need to explain her well the situation and reduce the anxiety as much as possible to decrease the risk of the onset of a PPPD.
4. I would evaluate the treatment repeating the DHT/SRT to see if they are asymptomatic.