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**Session title: Vestibular Telemedicine – a new sharp diagnostic window
with much more vestibular data**

X Oral O Poster

**Vestibular Telemedicine by daily use of Nystagmocatcher and
Vertigocatcher - Positional nystagmus findings during an episode of
vestibular migraine**

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Keywords

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Abstract

Purpose Vestibular telemedicine is a new process for the diagnosis and monitoring of dizziness; particularly useful for revealing the underlying cause of recurrent episodic dizziness. Patients are equipped to perform standardized nystagmus self-examinations anytime, anywhere, while symptoms are actually present "*Diagnostic timing*". The results are transmitted, analyzed, and commented on the same day by experienced dizziness specialists "*Centralized diagnostics*".

Material A 45-year-old man, living 550 km from Dizzycenter Stockholm, had suffered from two spontaneous vertigo attacks that lasted 3-5 days each. He was fitted with Nystagmocatcher® to catch the nystagmus patterns through his smartphone. All diagnostics, communication and treatment was managed digitally by use of the Vertigocatcher® cloud service.

Results His third attack was documented via almost daily vestibular self-examinations over 13 days. Eight telemedical examinations revealed positional nystagmus with a daily variation. No spontaneous nystagmus could be seen. Analysis revealed horizontal nystagmus of both apogeotropic and geotropic types during the first three days, the least nystagmus occurring on the day of peak nausea, followed by slowly subsiding torsional nystagmus.

In-depth analysis of the nystagmus patterns and dynamics led to diagnosis of vestibular migraine. If examined on a single occasion during the vertigo episode, other diagnoses - in addition to BPPV - would likely been considered.

Conclusions This case demonstrates that vestibular telemedicine can be an alternative to physical consultations and that daily repeated self-examinations providing more vestibular data may lead to a better understanding of the dynamics of vestibular events compared to "needle diagnostics" from a random single examination.