Lateral canal BPPV: Facts

- **Geotropic** – When lying right ear down or left ear down, nystagmus beats toward the ground. Usually canalolithiasis
- **Apogeotropic** – When lying right ear down or left ear down, nystagmus beats away from the ground. Cupulolithiasis or canalolithiasis
- When the patient is lying on the side in which the nystagmus is most intense the nystagmus will be beating toward the affected ear, i.e., geotropic, with affected ear down and apogeotropic, with affected ear up

**Bow and lean test**
- In upright or head tilted back:
  - if geotropic, spontaneous nystagmus beats to normal side
  - If apogeotropic, spontaneous nystagmus beats toward affected side
- With head pitched forward, nystagmus reverses direction

**Treatment**
- **Geotropic**
  - Gufoni: sitting, then tilt toward INTACT ear, then turn head 45 deg DOWN
  - Log rolling: supine, then head 90deg to affected side, then 360 deg toward intact side, then upright
  - Prolonged lying with affected ear up
- **Apogeotropic**
  - Gufoni: sitting, then tilt toward AFFECTED side, then turn head 45 deg UP
  - Horizontal head shaking
  - May convert to geotropic, then treat as above for geotropic
Lateral canal orientation with head upright (side view)

apoapogeotropic
ampulla
geotropic

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Right lateral canal BPPV: Geotropic (beats to ground), with intensity greatest with bad (right) ear down.
Right lateral canal BPPV: Apogeotropic (beats to sky), with intensity greatest with good (left) ear down
Treatment of *lateral canal* (geotropic, beats toward the ground) BPPV
Tilt OPPOSITE the affected side (Gufoni)
Treatment of *lateral canal* (apogetotropic, beats away from the ground) BPPV

Tilt TOWARD the affected side (Gufoni)

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