

A Life in Balance: SCD Causes Vertigo, Falls, but Surgery Corrects All

Richard Christian's life came un-hinged with a belly laugh. In the fall of 2004, the Illinois high school teacher doubled over with laughter at a joke his son told. Then the athletically built 55-year-old kept tilting forward until he collapsed.

At first worried that he might have suffered a stroke, family members felt reassured when they noted that Christian was speaking clearly and in perfect control of his extremities. But in the coming weeks, he had similar episodes, with escalating variations. Even the slightest exertions would give him the illusion that he was tumbling. He began hearing the sound of his own heartbeat thrumming in his ear as he tried to sleep, or the strange echoes of his joints moving when he tried to resume his jogging routine. A sudden sense of vertigo would seize him when the organ at church hit a certain note.

Christian saw many physicians for a diagnosis. Some explored cardiac issues. Others probed his cra-



Richard Christian.

nial vasculature. Others thought it was a blood flow issue. Finally, in December 2005—after 13 months with this mysterious condition—Christian was referred to one of the national experts on these rare disorders: Lloyd Minor, the director of the Department of Otolaryngology–Head & Neck Surgery at Johns Hopkins.

Further testing at Hopkins performed by Minor and John Carey, associate professor, confirmed that the group of symptoms Christian was experiencing could be explained by a disorder first described at Hopkins and termed superior canal dehiscence (SCD) syndrome.

“Tiny holes in the skull in the inner-ear cavities cause changes in intracranial pressure, leading to dizziness after loud noises,” Minor explains. His research into this phenomenon led to the discovery of a cure: Plugging the holes erases the symptoms.

Minor explained to Christian the delicate operation that could give him back his balance. Sur-

geons cut a hole above the ear and open the skull, where they move aside a piece of the brain to reach the holes. Once the holes are plugged with fibrous tissue and small chips of the patient's bone, the surgeon tamps the mixture down and closes the skull. It's a four- to six-hour procedure.

After months of falling and limited movement, Christian decided to have the surgery. It was a success.

Minor says Christian's was a textbook case. For Christian, the surgery helped him return to his normal life.

“I've gotten more stability and maneuverability back than I'd ever imagined I'd have again,” he says. He no longer fears slopes and stairs, and his sensations of disequilibrium are virtually gone.