



Vestibular Disease in Cats

Basics

OVERVIEW

- Sudden (acute) onset of a non-progressive disturbance of the peripheral vestibular system in cats”
- The vestibular system controls the pet's sense of equilibrium, balance, and orientation; it is composed of the inner ear, nerves, and brain
- Cause for vestibular disease in the cat is unknown (so-called “idiopathic vestibular disease”)

SIGNALMENT/DESCRIPTION OF PET

Species

- Cats

Mean Age and Range

- Any age; rarely observed in cats less than 1 year of age

SIGNS/OBSERVED CHANGES IN THE PET

- Sudden onset of severe disorientation, falling, rolling, leaning, vocalizing, and crouched posture with tendency to panic when picked up
- Head tilt—always toward the side of the nervous system lesion; occasionally wide, side-to-side movements of the head
- Irregular eye movements (known as “nystagmus”)
- Wobbly, incoordinated or “drunken”-appearing gait or movement (known as “ataxia”) with tendency to roll and fall toward the side of the head tilt
- Strength is normal
- May be reluctant to walk (known as being “ambulatory”), preferring to stay in a crouched posture and may have a base-wide stance

CAUSES

- Unknown
- Previous upper respiratory tract infection has been suspected in some pets; relationship between upper respiratory infection and vestibular disease has not been confirmed

RISK FACTORS

- Reports of increased number of cases in the summer and early fall, possibly after outbreaks of upper respiratory disease (not proven); disease can occur throughout the year

Treatment

HEALTH CARE

- Usually outpatient

- Inpatient—severely affected pet may require a short period of hospitalization for supportive care
- Mild disease—treatment is supportive only
- Severe disease—may require intravenous or subcutaneous fluids; maintain pet in quiet, well-padded cage

ACTIVITY

- Restricted, according to the degree of disorientation and wobbly, incoordinated or “drunken”-appearing gait or movement (ataxia)

DIET

- No specific changes or restrictions required
- Pet initially may be reluctant to eat and drink because of disorientation and/or nausea

Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

- Sedatives—for severe disorientation and rolling; examples are diazepam and acepromazine
- Medications to control nausea and vomiting (known as “antiemetic drugs”) and drugs against motion sickness—questionable benefit; example is meclizine
- Steroids—not recommended; steroids do not alter the course of the disease
- Antibiotics—have been recommended when infection/inflammation of the middle ear (known as “otitis media”) and inner ear (known as “otitis interna”) cannot be ruled out; examples are trimethoprim-sulfa, a first-generation cephalosporin (such as cephalexin), and amoxicillin/clavulanic acid

Follow-Up Care

PATIENT MONITORING

- Nervous system examination—repeat in approximately 72 hours to confirm stabilization and initial improvement
- Inpatient—discharge pet when able to walk (ambulate), eat, and drink

POSSIBLE COMPLICATIONS

- Uncommon
- Dehydration and electrolyte imbalance (rare)

EXPECTED COURSE AND PROGNOSIS

- Marked improvement (especially the irregular eye movements [nystagmus]) within 72 hours, with progressive improvement of the gait and head tilt
- Pets usually normal within 2–3 weeks
- Head tilt—final sign to resolve; mild residual head tilt may remain
- If signs do not improve rapidly, other causes of vestibular disease should be evaluated
- Rarely recurs; mild head tilt and wobbly, incoordinated or “drunken”-appearing gait or movement (ataxia) may return temporarily with stress (such as following general anesthesia)

Key Points

- Despite the initial alarming and often incapacitating signs, the prognosis for rapid and complete recovery for pets with vestibular disease is excellent

Notes

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