

Meniere's Disease

Ink Free # 20

November, 2024

Wake, I did, into a hazy daze, The restroom calling, yet nothing in focus. Lifting my head, I slink out from under the warmth. Wait, nothing in focus, a sepia fragment shape. The almost dark room tilts, then lurches side to back—the image of a chair carousel spins out of control. Feet somehow on the floor, still teetering on the bed's edge, I feel the cat brush against my cold foot. I lay back down; nothing stops the dizziness. Following a dozen attempts to stand vertigo wins as I crumble to the floor. Crawling on the floor toward the bath, the carpet is warm, and the tile chills my bones. Moving not in a straight line, driven by the need to void, somehow close the door and find the light switch. I see a spinning Kaleidoscope of shapes, lines, and colors everywhere I point my eyes. Halfway to my goal, the cat, a 16-pound lady, passes me and then turns nose to nose as if to ask, what are you doing? Junie is a caring soul, not to cuddle, yet always close and checking her people. How does one explain to a cold-nosed forest of whiskers what is wrong? I think she knows.

Leaning on the wall, one hand on a countertop, I hope my aimer worked. Still upright, I inch toward the door with my hands, asking the countertop for assistance. In the door frame, the bed is 8 feet away. I lunge for it,

grabbing the spread only to slide to the floor. The racket, groans, and likely some profanity wakes my wife. She helps me back horizontally under the covers. It is 4 am, far too early. The spinning, fragmented shapes and my lightheadedness remain unstable.

Later, when I wrote an e-mail to my doctor, I felt a bit better, yet I was not stable or competent enough to drive or even walk a straight path. I felt relieved as I sent the note via the patient portal:

I woke this morning at 4 am with unparalleled dizziness. I had to crawl to the bathroom. I was unable to stand, had vertigo, and felt at times like I was lurching in one or another direction. I was better lying down but still dizzy. At 9 am, it is a bit better, but walking is only with a cane and someone to hold me. Under my left eye is a 2 cm hematoma with a raised white spot in the middle; see the attached image.

Background. BP a 7 am 144/80 repeatable. Frontal headache, more on the left side. The bruze looks like a blood vessel break below my left eye, not there last night. Minor nose bleeds, 4, in October. It just happens, and people point them out. My left ear feels 'stuffed,' unlike unpopped, but a new sensation. I will see how I do today before the hospital unless you say otherwise.

The good PCP doctor responded:

This may just be benign positional vertigo, but with some of the history you are giving, I am a little bit worried about a stroke. I think you should present to the emergency room so they can evaluate you. If they can do it you really need an MRI. But they will do a CT to start with. If you can have someone drive you to TMC or Banner you will get better care.

My daughter drives me to the ER. With a sturdy cane, I pass the security screening to hang on to the check-in desk.

Fortunately, I arrived with a printed copy of the exchange above. The staff understands I am better off in a wheelchair, depositing me near one of the three triage rooms. They read the paper and ask more. They measure my blood pressure, oxygen levels, temperature, and list of medications, and they quickly summon the doctor. They moved to a different spot; he had me squeeze in fingers, follow his finger side to side, up and down, and then touch his finger, then my nose. A nurse starts but never complete an EKG. The pinprick on my index finger tests my blood for potential diabetes. Focusing next on my stuffy-feeling left ear, he looks deep into both, finding no evidence of an infection. ER doctors are busy, leaving for a moment to sprint return. "It's not a stroke", he says, and not likely an infection. They gave me an anti-dizzy med and then wheeled me to the waiting room, giving it time to work. Yes, it did a little.

Moven yet again to another curtained-off cubical within a large room, the doctor returns to say, you likely have Meniers Disease. I was still dizzy, perhaps half as much as 4 am, but his words did not register. Finally, we asked to have him spell it; even a dizzy old curmudgeon knows Google. After the nurse measured my vitals, he said he wanted to take them, and I said no, I need them; I was discharged. The papers direct:

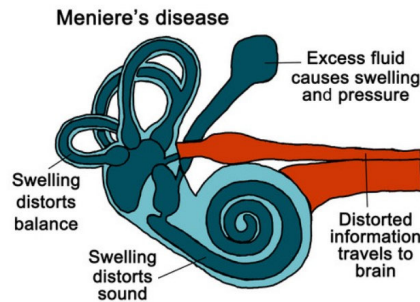
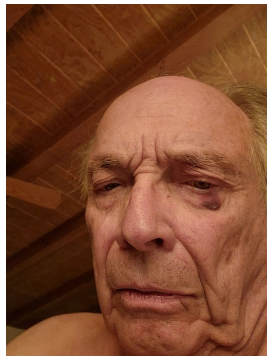
Follow up with PCP

Consider referral to vestibular physical therapy

Pick up Meclizine at the pharmacy and start taking as needed

The last three pages of the discharge documents summarize Meniere's disease causes, symptoms, risks, diagnoses, and treatments. The ER did not complete all the tests often used to diagnose. The papers list it all, even in the

worst case. That is ok; my next annual physical appointment with my PCP is in 5 days. Who knows, perhaps this is a misdiagnosis. Maybe the red under the eye lasted only 24 hours and was a spider bite.



The following day, no vertigo, no dizziness, with total balance returned. The same on the second day. That night, however, during the midnight bathroom call, yes, some dizziness and poor balance. Later that morning, after caning around the house, some normal returns. True, also the following night. I must accept the fact that I have yet another incurable disease. The prospect of losing hearing or, worse, being unable to drive my truck. Life altering.

I anticipate even more tests, but I wonder why. Knowing 100 percent certain the cause does not change the treatment, does it?

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