

VESTIBULAR DISEASE IN CATS

BASICS

OVERVIEW

- Sudden (acute) nonprogressive disturbance of the peripheral vestibular system in cats
- The vestibular system controls the animal'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 ANIMAL

Species

- Cats

Mean Age and Range

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

SIGNS/OBSERVED CHANGES in the ANIMAL

- 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 possibly may have a base-wide stance

CAUSES

- Unknown
- Previous upper respiratory tract infection has been suspected in some patients; relationship not 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 patient may require a short period of hospitalization for supportive care
- Treatment is supportive only
- Severe disease—may require initial intravenous or subcutaneous fluids; maintain patient in quiet, well-padded cage initially

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
- Patient initially may be reluctant to eat and drink because of disorientation 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—usually ineffective; 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
- Discharge inpatient 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
- Patients usually normal within 2 to 3 weeks
- Head tilt—final sign to resolve; mild residual 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 incapacitating signs, the prognosis for rapid and complete recovery is excellent

