A 21-year-old woman was admitted to our clinic complaining of dizziness, nausea and vomiting. Her previous clinical history was unremarkable. A neurological examination revealed no abnormalities except for a positive Romberg’s sign with left lateropulsion. She denied any history of either tinnitus or hearing loss. Audiometry was normal, while a Fitzgerald-Hallpike caloric test revealed left caloric hyporesponsiveness, indicating a left vestibular disorder. Brain MRI showed a left internal auditory canal (IAC) lesion with spontaneous hypointense signals on T1- and T2-weighted images (Picture 1). The findings of spinal cord MRI were normal. A head CT scan revealed a calcic opacity typical of an osteoma that narrowed the lumen of the left IAC (Picture 2). Osteomas located within the IAC can significantly narrow the lumen, thereby compressing the seventh and eighth nerves, causing symptoms of acoustic-facial bundle involvement. IAC osteoma is a rare pathology that should be considered in the differential diagnosis of vestibular disorders.

The authors state that they have no Conflict of Interest (COI).

References