

Letter to the Editor Regarding Abnormal Rhomboid Lip and Choroid Plexus Should be Valued in Microvascular Decompression for Vestibulocochlear Diseases



LETTER:

We are writing to express our appreciation for the recent article by Kasimu et al.¹ titled “Abnormal Rhomboid Lip and Choroid Plexus Should Be Valued in Microvascular Decompression for Vestibulocochlear Diseases,” which we read with great interest. At the same time, we would like to highlight a few points that, in our opinion, deserve further discussion.

The mechanism behind benign paroxysmal positional vertigo (BPPV) is well described in the literature and is mainly linked to endolymphatic hydrops or canalithiasis, although other contributing factors cannot be excluded. In the article, 1 patient with BPPV was described who did not respond to rehabilitation maneuvers, but after microvascular decompression, the symptoms resolved. Contemporary studies indicate that 90% of BPPV cases can be successfully treated with 1 or 2 maneuvers. However, in more complex cases, such as bilateral involvement or multicanal BPPV, a combination of maneuvers may be required to achieve complete symptom resolution.²⁻³ This raises the question: Could the positioning of the patient before surgery and the subsequent mechanical impact during retromastoid craniectomy have acted as effective therapeutic maneuvers?

Modern hypotheses, such as the central gain hypothesis and the neurochemical hypothesis, suggest a multifactorial nature of tinnitus involving both peripheral and central mechanisms. In addition, neuropsychological factors such as anxiety, depression, and cognitive impairments can evoke or significantly exacerbate tinnitus symptoms.^{4,5} The low efficacy of microvascular decompression in treating tinnitus may be associated with anxiety or depression. This underscores the importance of

thorough diagnostics in the preoperative period, including an assessment of the patient’s psychoemotional state.

The study by Kasimu et al.¹ opens new perspectives on the role of anatomical anomalies, such as the rhomboid lip and choroid plexus, in the pathophysiology of vertigo and tinnitus. For a deeper understanding of the mechanisms underlying these symptoms, more extensive studies are required.

Thank you for considering our thoughts on this important topic.

CRedit AUTHORSHIP CONTRIBUTION STATEMENT

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Conflict of interest: The authors declare that the article content was composed in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

<https://doi.org/10.1016/j.wneu.2024.12.016>

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