

6. Conclusions

From our study we can draw the following conclusions:

1. In patients with acute vertigo in whom neurological and otological examinations, including cranial CT scan, do not reveal whether the vertigo is of a definite central or peripheral origin, the diagnostic yield of cranial MRI is fairly low with a 12% detection rate of a central origin of vertigo. In these patients, brain infarct is the major cause of vertigo.
2. Clinical characteristics such as age, sex, type and duration of vertigo, presence of cerebrovascular risk factors, migraine, and psychiatric complaints do not provide additional information on which the indication for MRI investigations can be based.
3. In patients with vertigo of unknown cause, abnormalities in the vertebrobasilar arteries may only be found infrequently, despite the presence of one or more cerebrovascular risk factors such as hypertension, hyperlipidemia, hyperglycemia, stroke history, hypercoagulable state or smoking. The vertiginous syndrom may also occur in the setting of a psychiatric disorder or migraine.