Comment on: “Dissociation between cVEMP and oVEMP responses: different vestibular origins of each VEMP?”

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Dear Sir,

We were pleased to read the report presented by Manzari et al. [1], which has been published in *Eur Arch Otorhinolaryngol*, 2010, 267(9):1487–1489. They described an unusual patient with reduced inferior vestibular nerve function who provides the complementary but converse evidence for these suggestions by showing reduced cVEMP potentials but normal oVEMPs for both ACS and BCV stimuli, this case report provides further evidence that the origin of oVEMP in response to ACS is the utricle macula [2].

However, I would like to point to one error in Figure 1. In Figure 1 illustration, the authors described “The strong asymmetry amplitude of the p13–n23 complex between left (normal side) and right (affected side) in cVEMPs is evident (a).” The authors confused the direction of the

pathology since the patient were diagnosed as having left inferior vestibular neuritis. So the right description is “The strong asymmetry amplitude of the p13–n23 complex between right (normal side) and left (affected side) in cVEMPs is evident (a).”

This rectification is important since the description in Figure 1 illustration may baffle the readers.

References

1. Manzari L, Burgess AM, Curthoys IS (2010) Dissociation between cVEMP and oVEMP responses: different vestibular origins of each VEMP? *Eur Arch Otorhinolaryngol* 267(9):1487–1489
2. Murofushi T, Wakayama K, Chihara Y (2010) oVEMP to airconducted tones reflects functions of different vestibular populations from cVEMP? *Eur Arch Otorhinolaryngol* 267(6):995–996

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