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### Title

In Reference to The Interconnections of Mal de Débarquement Syndrome and Vestibular Migraine

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## Letter to the Editor

# In Reference to *The Interconnections of Mal de Débarquement Syndrome and Vestibular Migraine*

Dear Editor:

We read with great interest the article entitled, “The Interconnections of Mal de Débarquement Syndrome and Vestibular Migraine” by Beh et al.<sup>1</sup> Given the close association between Mal de Débarquement Syndrome (MDDS) and migraine, the authors sought to investigate whether a similar relationship exists between MDDS and vestibular migraine (VM). This paper is a supportive addition to the literature linking migraine disorder to MDDS. In 2016, our group first described the strong link between MDDS and VM and showed that treatment of MDDS patients as migraine is successful.<sup>2</sup> We also found significant overlap between patients with a diagnosis of MDDS and migraine headaches (72%). Furthermore, after treatment with migraine lifestyle changes and prophylactic medications, 73% of patients in our cohort with persistent MDDS had improvement in both quality of life and symptom intensity. Notably, MDDS patients in our historical control group, who were treated with only vestibular rehabilitation or physical therapy, did not experience significant improvement in these outcomes. In addition, worth highlighting are the shared characteristics on functional imaging of both MDDS and VM patients, namely, increased metabolic activity in the entorhinal cortex and amygdala, further supporting the association between these two disorders.<sup>3</sup>

By combining the results from the two studies, we believe that the authors have further strengthened the evidence supporting the link between MDDS and VM, as well as its clinical treatment implications. In our cohort, the response to treatment was independent of the presence of a migraine diagnosis. We believe that MDDS is part of the spectrum of otologic migraine, which is the manifestation of migraine in the inner ear. We agree with

the authors that treatment of MDDS should include treatment of migraine in these patients, even if the patient does not fulfill the diagnostic criteria for migraine or VM. Finally, we should raise the possibility that some of the spontaneous-onset MDDS patients in the authors’ paper were suffering from another migraine-linked condition, persistent postural-perceptual dizziness (PPPD).<sup>4</sup> PPPD presents similarly to spontaneous-onset MDDS, and in our experience, also responds well to migraine therapy. Again, we commend the authors on their exceptional work.

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