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Letter to the Editors

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Dear Editors,

It was a delight to go through the informative and innovative article entitled ‘Magnetic resonance imaging of Ménière’s disease: early clinical experience in a UK centre’, by Pai *et al.*,¹ published in your esteemed journal in April 2020. Though the magnetic resonance imaging (MRI) technique of differential visualisation of perilymphatic and endolymphatic compartments has been reported previously, this study emphasises a detailed, standardised MRI technique for the purpose. Pai *et al.* deserve a special word of appreciation for their achievement.

The authors used three parameters to study changes in Ménière’s disease with this MRI technique: (1) degree of swelling in cochlear and vestibular endolymphatic compartments; (2) saccule to utricle ratio inversion; and (3) presence of fusion or rupture of saccule. Though there is a significant correlation between the clinical symptoms and MRI findings, the percentage of false positive and repetitive images still remains unacceptably high.² It seems that we still have a long way to go before this can be adopted as a standard investigation for Ménière’s disease.

Making use of the advanced 6 Tesla and 7 Tesla high-resolution MRI will be a good idea, as it increases the signal to noise ratio and hence allows higher spatial resolution.³ Also, 7 Tesla MRI conveys more pathophysiological information compared to 3 Tesla MRI, because of its high sensitivity to tissue changes and anatomical variations. Developing additional MRI software to carry out virtual endoscopy of the endolymphatic compartments of cochlear and vestibular ducts may give further information about the hydropic characteristics as well as structural changes in neural endings.⁴

References

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