

Mal de Debarquement Syndrome: A Case Report

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Mal de débarquement is an uncommon illness affecting travelers after debarkation. It is characterized by an unsteadiness and lurching, without dizziness, which may not resolve for months or years. It is a diagnosis of exclusion, based on a characteristic history, and paucity of findings on neurologic and otorhinolaryngology (ENT) clinical examination. Neurologic and ENT investigations are generally normal, although in some cases positional nystagmus has been detected during electronystagmography.

Case Report

A 71-year-old woman developed difficulties with her balance immediately after a 2-week cruise to the Kamchatka peninsula of Russia in 1995. She found herself lurching to one side, but did not fall. She was not dizzy. Within 3 days, the symptoms disappeared spontaneously.

In 1997, the same traveler booked a 2-week cruise to the islands of Svalbard, in northern Norway. She again had no problems onboard, but upon disembarking experienced staggering. On this occasion the symptoms lasted for 1 month.

In November of 1998 she traveled by sea again, from Lisbon to Brazil, onboard for 18 days. Once more the symptoms recurred when the ship reached port. At the time she was seen (July 2000), she was still experiencing them.

All three voyages were made on the same ship. At no time was she unsteady or seasick onboard, and neither dizziness nor headache has been a feature at any point.

She describes the unsteadiness as “wobbles,” and feels she is swaying side to side and back and forth, with the occasional lurch. She sometimes uses a hiking stick for support, but has not fallen. The unsteadiness has not improved over the 2 years since her last trip. She feels most uneasy in the shower.

She has no past history of similar symptoms. She has never been seasick, even when sailing in rough waters. Past history includes cholecystectomy and appendectomy. She takes medication for hypertension, hypercholesterolemia, and reflux disease. These were not discontinued during the last cruise.

After the third episode, she was seen by a neurologist who was unable to detect any abnormality on examination. A magnetic resonance imaging (MRI) scan was normal. No definite diagnosis was made. It was suggested that this might represent a variant of benign paroxysmal positional vertigo.

She was seen by otorhinolaryngology. No abnormalities were noted on ENT examination. An audiogram demonstrated normal hearing and middle ear pressures. Evoked responses and electronystagmography were normal. Their impression was that her symptoms were due to a “multisensory deficit.”

Laboratory work done during the course of her work up included complete blood count, creatinine, electrolytes, liver function tests, which were normal. Thyroid-stimulating hormone was mildly elevated at 8.35 mIU/L and glucose was 9.4 mmol/L. Urinalysis was unremarkable.

This patient presents with a clinical picture compatible with mal de débarquement syndrome. There are several published reports of this entity in the literature.

Brown and Baloh¹ described 6 cases (5 females, 1 male). Duration of symptoms in this group was 2 months to 5 years. Five had been traveling by sea, one by air. Murphy² described 4 cases, all females. Duration of symptoms was 4 weeks to 1 year. Exposure in these cases involved a cruise, raft, and in one case, a water bed. Mair³ reported a series of 10 cases, all of whom were female, with symptoms lasting 3 days to 2 years. Hain et al⁴ identified several possible cases using a survey of subscribers to a vestibular disorders newsletter.

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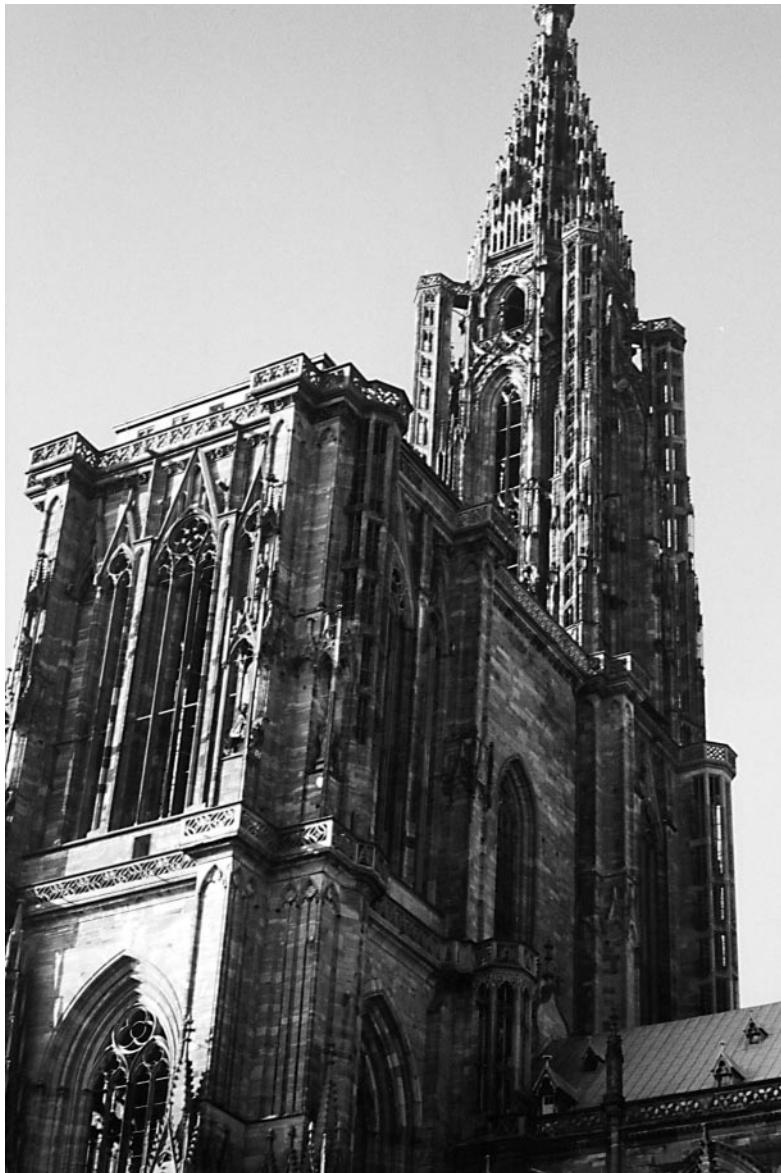
There are references in the literature as well to a similar and more common entity, which typically lasts a matter of hours after debarkation.⁵ Some have suggested the use of the term persistent mal de débarquement syndrome to differentiate the two.

There are features of interest that emerge from the above reported cases. The great majority of sufferers are women, and the age range is primarily from the fourth decade into the eighth, with a few younger patients. The duration of the unsteadiness varies from weeks to years. Medications used to treat dizziness or seasickness are typically of no help. Benzodiazepines have been reported to afford a degree of relief in some patients. Vestibular rehabilitation has been suggested as a useful treatment. Finally, the experience of our patient would suggest that further cruises should be avoided once the illness

has first manifested itself, even if that first experience is of short duration.

References

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View of cathedral in Strasbourg, France. Submitted by Charles D. Ericsson, MD.