

# Idiopathic intracranial hypertension

This article has been translated from WikiSkripta; ready for the **editor's review**.

**Idiopathic intracranial hypertension**, or **pseudotumor cerebri**, is a disease manifested by **increased intracranial pressure without an obvious cause**. It is **diagnosed** by exclusion after excluding other causes of intracranial hypertension, such as tumors, diffuse swelling, hydrocephalus, trauma, hematomas, abscess, extensive ischemia, etc. The main danger for the patient is the possibility of even permanent visual impairment.

## Clinical picture

Pseudotumor cerebri is manifested by:

- **clinical symptoms of intracranial hypertension** (headaches depending on the position of the body, vomiting, vertigo, photophobia, visual problems, disorders of consciousness);
- **papilledema on the background of the eye**;
- **normal CSF** composition.

Mostly, patients complain of **temporary blurred vision** (secondary obulation), sometimes it comes with permanent visual field failures, but exceptionally the condition can be completely asymptomatic.

Among the **risk factors** are **obesity**, rapid weight gain, use of certain **drugs** (after contraceptives, vit. A, tetracyclines, fluoroquinolones, lithium and others) or **rapid discontinuation of steroids**. The incidence is eight times more frequent in women, especially in childbearing age, but older patients and children can also be affected. The disease also occurs in malignancies and systemic diseases.

## Diagnostics

**The diagnosis of idiopathic ("benign") IH**, after excluding all other known causes of intracranial hypertension (with normal findings on imaging methods), will be supported by **the measurement of ICP values by lumbar puncture - opening pressure**. Pathological values reach **above 250 mm H<sub>2</sub>O**.

## Therapy

**Treatment** should be started before central visual acuity is damaged. It consists in re-evaluating medication, reducing weight, or a carbonic anhydrase inhibitor - acetazolamide is administered. If necessary, a **ventriculoperitoneal shunt** can be placed. This is how we try to prevent irreversible vision damage.

## Links

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### Source

- SKLENKA, Petr. *Idiopatická intrakraniální hypertenze – pseudotumor cerebri z pohledu oftalmologa* [online]. [cit. 2012-10-11]. <[http://www.solen.sk/index.php?page=pdf\\_view&pdf\\_id=5119&magazine\\_id=3](http://www.solen.sk/index.php?page=pdf_view&pdf_id=5119&magazine_id=3)>.