

Optic Neuropathy in Idiopathic Intracranial Hypertension

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Abstract

Adult patients who present with papilloedema and symptoms of raised intracranial pressure need urgent multidisciplinary assessment including neuroimaging, to exclude life-threatening causes. Where there is no apparent underlying cause for the raised intracranial pressure, patients are considered to have idiopathic intracranial hypertension (IIH).

Objectives: This review encompasses the newly revised diagnostic criteria for PTCS in adults and children and the role of obesity in the epidemiology, etiology, and management of IIH. Furthermore, this paper tries to offer a practical approach to assessing patients with papilloedema, the investigations and the subsequent management of patients with IIH.

Methodology: PubMed was used to search for IIH and Pseudotumor Cerebri. The vast majority of the literature consisted of cohort studies, case control studies, systematic reviews and other narrative reviews.

Conclusion: Idiopathic intracranial hypertension (IIH), also known as primary Pseudotumor Cerebri syndrome (PTCS), is a condition of unknown etiology which affects primarily overweight, reproductive-aged women and causes increased intracranial pressure (ICP). This review discusses the recently revised diagnostic criteria for IIH for adults and children and the controversial issues in its diagnosis and management.

Key words: idiopathic intracranial hypertension, acetazolamide, pseudotumorcerebri