

Barriers to implementing an optimal treatment plan in idiopathic intracranial hypertension

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Introduction

Objective: We present a case of IIH that demonstrates the complexity of implementing the recommended treatment plan.

- **idiopathic intracranial hypertension (IIH):** a pathology of unknown cause characterized by **high pressure within the skull**
- Risk factors: female, overweight or obese, reproductive age ^{1,2}



- **Symptoms:** frequent severe **headaches**, peripheral **vision loss**, & temporary visual disturbances
- **Management:**
 - weight loss
 - carbonic anhydrase inhibitors (acetazolamide, topiramate, methazolamide)
 - furosemide

Methods

Retrospective chart review of a single case of idiopathic intracranial hypertension in Regina, SK

Case

- 21-year-old obese female with 5-month history of transient visual blurring and complete bilateral **vision loss** lasting several seconds upon waking each morning
- chronic daily headache with occasional tinnitus

Ht: 174 cm Wt: 124.7 kg BMI 41.2

V_{CC} < 20/20-2 P < 3/3 Tap < 18/16

brisk, no RAPD OU

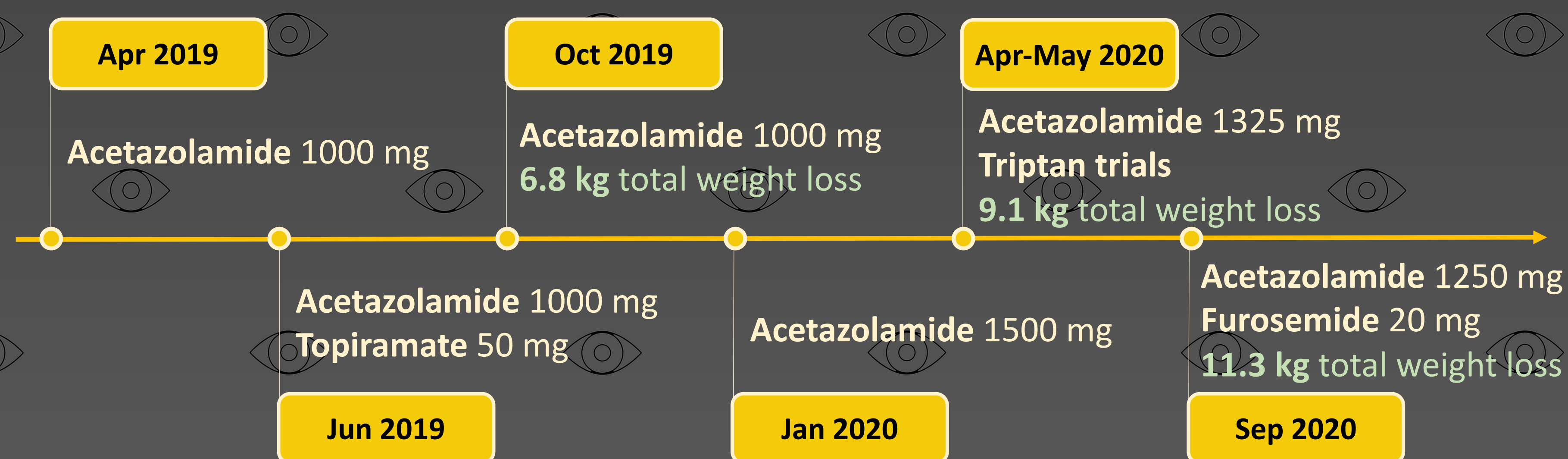


- optic nerve edema, **papilledema** bilaterally, normal extraocular movements
- flame hemorrhages superonasally and inferotemporally
- Humphrey visual field testing: bilateral scattered scotomas



- Lumbar puncture: **34 cmH2O** opening pressure; normal CSF composition
- MRI/ MRV: fluid-filled, dilated optic nerve sheaths, stenoses of transverse sinuses
- Final diagnosis: idiopathic intracranial hypertension

Treatment Course over Time



Discussion

Recommended Management of IIH:^{3,4}

- **weight loss with low-sodium diet**
 - > 6% weight loss required for benefit
- **PO acetazolamide 4 g/day**
 - ADR: paresthesia, nausea, metallic taste
- **topiramate**
 - ADR: drowsiness, paresthesia, blurred vision
- **furosemide**
 - recommended if refractory to acetazolamide

Despite current treatment recommendations, the low likelihood of sufficient, sustained weight loss and adverse drug reactions limit the feasibility of implementing the recommended management plan for IIH.

References

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