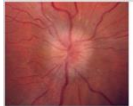
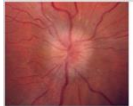
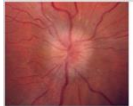




Idiopathic Intracranial Hypertension (IIH): Clinical symptoms/signs of increased intracranial pressure with elevated opening pressure on lumbar puncture, normal CSF composition, and no identifiable cause on neuroimaging or other evaluation.

PRESENTATION									
Headache: Diffuse, severe, pulsatile/throbbing, positional, worse in the morning or waking from sleep Visual symptoms: Transient visual obscurations, photopsia, diplopia, sustained vision loss  Other: Pulsatile tinnitus, retrobulbar pain, neck pain Risk Factors: ➤ Female sex ➤ Reproductive age ➤ Elevated BMI	<table> <tr> <th colspan="2">PHYSICAL EXAM</th></tr> <tr> <td> - Papilledema - Decreased visual acuity - Sixth nerve palsy </td><td></td></tr> <tr> <th colspan="2">KEY SIGNS OF IMPENDING VISION LOSS</th></tr> <tr> <td> - Severe papilledema, declining central visual acuity, and development of a RAPD  </td><td></td></tr> </table>	PHYSICAL EXAM		- Papilledema - Decreased visual acuity - Sixth nerve palsy		KEY SIGNS OF IMPENDING VISION LOSS		Severe papilledema, declining central visual acuity, and development of a RAPD 	
PHYSICAL EXAM									
- Papilledema - Decreased visual acuity - Sixth nerve palsy									
KEY SIGNS OF IMPENDING VISION LOSS									
Severe papilledema, declining central visual acuity, and development of a RAPD 									

EVALUATION	DIAGNOSIS
IIH is a diagnosis of exclusion requiring: ☐ Neuroimaging (before LP) MRV preferred/CTV ☐ Lumbar Puncture ☐ Ophthalmologic evaluation	Modified Dandy Criteria for diagnosis of IIH: - Symptoms/signs of increased ICP including headache, papilledema, & visual symptoms - No other neurological abnormalities or impaired level of consciousness - Elevated opening pressure with normal CSF constituents - Neuroimaging that shows no etiology for increased ICP - No alternative cause of intracranial hypertension apparent

SECONDARY CAUSES OF INTRACRANIAL HYPERTENSION	CSF OPENING PRESSURE
Medications - vitamin A derivatives, tetracyclines, corticosteroid withdrawal Endocrine/metabolic - obesity, thyroid, parathyroid, and adrenal disorders Intracranial mass lesions - tumor, abscess Venous outflow obstruction - venous sinus thrombosis Obstructive hydrocephalus Reduced CSF absorption - post-meningitis or subarachnoid hemorrhage Increased CSF production - choroid plexus papilloma	Opening pressure measurement is both diagnostic and therapeutic. Elevated ICP in children ≤18 years: ≥ 28 cm H₂O if sedated or obese ≥ 25 cm H₂O in the remainder

MANAGEMENT
General Measures: address underlying or contributing factors including discontinuing causative medications, weight loss, low-sodium diet, and treating obstructive sleep apnea if present. Vision loss/symptoms: acetazolamide first-line; furosemide or topiramate as alternatives/adjuncts. Fulminant IIH (rapidly progressive vision loss): urgent acetazolamide ± rapid titration, serial lumbar punctures as temporizing measures, and urgent neurosurgical/ophthalmology referral.