

SPONTANEOUS INTRACRANIAL HYPOTENSION AND HEADACHE

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Introduction: Spontaneous intracranial hypotension is a possible cause of a new headache in young and middle aged individuals and is due to spontaneous spinal cerebrospinal fluid (CSF) leaks. It is usually misdiagnosed, but this specific diagnosis should be always seriously considered, especially if we are dealing with a positional, orthostatic headache.

Case report: A 41 years old man, with no serious health problems, smoker of 1 ½ pack/day, is presenting with a new headache that occurs shortly after assuming an upright position and that is relieved by lying down, accompanied with double vision, nausea and photophobia. Subsequently, a different headache occurs even lying down. The neurological examination showed diplopia towards the left due to left abducens nerve palsy. Extensive blood tests revealed a persistent slight augmentation of CPK and increased homocysteine levels. Examination of CSF showed: normal opening pressure in sitting position, lymphocytic pleocytosis of 25 cells/mm³ and elevated protein content of 364 mg/dL. The performed cerebral MRI revealed bilateral subdural fluid collections and pachymeningial enhancement. The patient was treated with combination of caffeine, analgesic therapy and bed rest. Epidural blood patching was strongly considered.

Discussion: The diagnosis of spontaneous intracranial hypotension caused by spontaneous spinal CSF leaks should always be considered if dealing with a positional, orthostatic headache. The spectrum of clinical and radiographic manifestations is varied, with diagnosis largely based on clinical suspicion, cerebral MRI and myelography. We will present the epidemiology, etiology and pathogenesis, diagnosis, treatment and outcome of this not so rare, but controversial entity.