IDIOPATHIC INTRACRANIAL HYPERTENSION VERSUS DURAL SINUS THROMBOSIS: CLINICAL PRESENTATION, DIAGNOSIS, TREATMENT AND VISUAL OUTCOME

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AIM: To compare the clinical picture, diagnosis, treatment and visual outcome of patients diagnosed with Idiopathic intracranial hypertension (IIH) and dural sinus thrombosis.

MATERIAL: We present 28 patients with intracranial hypertension - 26 patients (6 male and 20 female) at average age 27.8 years with IIH and 2 patients (62 year old man and 42 year old woman) with dural sinus thrombosis.

METHODS: All patients were thoroughly neuro-ophthalmologically examined including best corrected visual acuity, kinetic and/or static perimetry, and biomicroscopy of anterior eye segment, ophthalmoscopy, and evaluation of eye movements. Neuro-imaging (MRI and MR/ conventional angiography) and lumbar puncture was done in all patients.

RESULTS: All 28 patients had elevated intracranial pressure, confirmed by the lumbar puncture. Twenty seven patients had bilateral papilledema, one patient had unilateral papilledema. Most of them presented horizontal diplopia, due to unilateral or bilateral abducens nerve palsy. The patients with IIH had no brain lesions while the other two patients had thrombosis of the left transverse and sigmoid sinuses. Four patients with IIH and male patient with dural sinus thrombosis developed secondary optic atrophy.

CONCLUSION: The clinical presentation of IIH and dural sinus thrombosis is pretty much the same. As a matter of fact IIH is only possible when there is no underlying neurological disease including dural sinus thrombosis. IIH affects predominantly young, obese, female patients. The long term visual outcome both for the patients IIH and dural sinus thrombosis depends strongly on the timely diagnosis and adequate treatment.