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CLINICAL COURSE OF IDIOPATHIC INTRACRANIAL HYPERTENSION WITH TRANSVERSE SINUS STENOSIS

Francesco Bono, Aldo Quattrone, Catanzaro, Italy:

Riggeal et al.¹ found no correlation between the degree of transverse sinus stenosis (TSS) and the clinical course in idiopathic intracranial hypertension (IIH). There is no direct evidence of normalization of the CSF pressure in this series and this demonstration is needed to support their observation. The authors did not cite our studies^{2,3} that may confirm their findings. We studied 14 consecutive patients with IIH over a 6-year period. At presentation and during follow-up, patients underwent CSF pressure measurements and magnetic resonance venography. TSS persisted after normalization of the CSF pressure in 9 patients with a good clinical course, suggesting the lack of a direct relationship between the caliber of TSS and CSF pressure in IIH. Moreover, unilateral TSS was observed in 30% of 111 subjects with normal CSF pressure, whereas bilateral TSS occurred in only 1.8% of individuals.³ Our observations provide evidence that bilateral TSS is one of the factors contributing to IIH. Our findings support the observations of Riggeal et al. and suggest that both clinical course and CSF pressure should determine the management of patients with IIH in clinical practice.

Author Response: Beau B. Bruce, Nancy J. Newman, Valerie Biousse, Atlanta: We appreciate the contributions of Drs. Bono and Quattrone and their

support of our conclusions. We also found that bilateral TSS occurs rarely in patients with normal CSF opening pressure.⁴ Concerning IIH, clinical management in our practice is guided by visual function and symptom severity; we usually obtain lumbar puncture only at the time of diagnosis unless there is diagnostic uncertainty or evidence of worsening. Therefore, it is likely that our results will be useful to others who practice in a similar fashion, even though we did not demonstrate normalization of the CSF opening pressure. In addition, as we reported,¹ there was a trend toward higher initial CSF opening pressure predicting both a poor clinical course and greater visual field loss, even though there was no association between TSS and CSF opening pressure and no association between TSS and clinical course. The association between CSF opening pressure and clinical course in our data reinforces the suggestion by Drs. Bono and Quattrone that CSF opening pressure should be considered in the management of patients with IIH.

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Neurology 2013;81:695

DOI 10.1212/01.wnl.0000433838.88247.f3

This information is current as of August 12, 2013

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