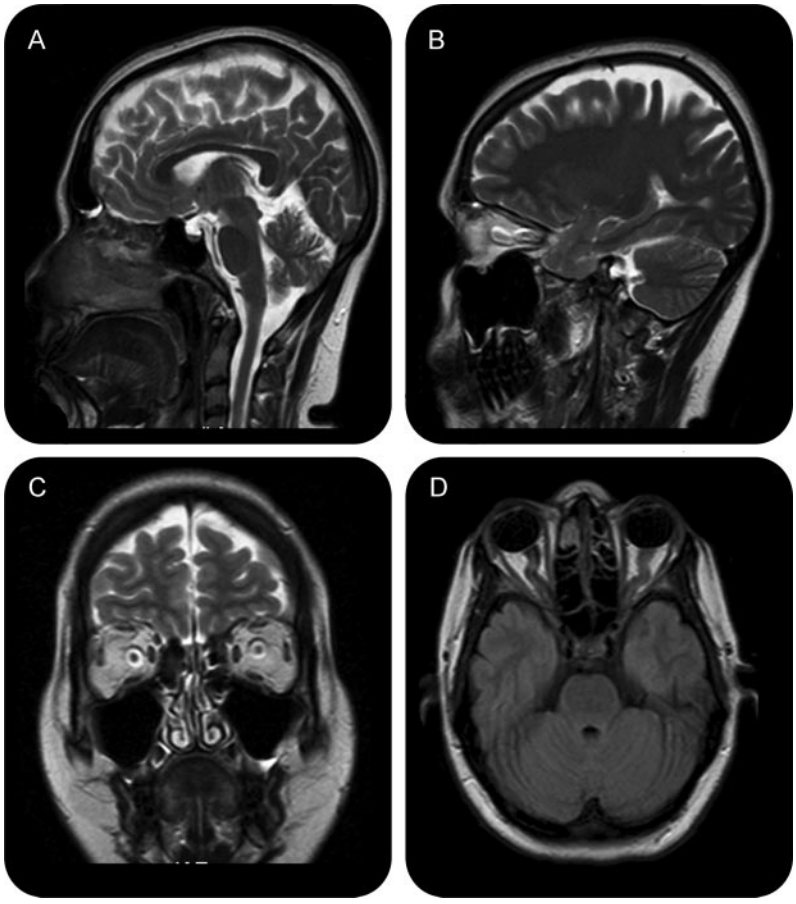
Teaching Neuro*Images*: Idiopathic intracranial hypertension

MRI features

Haseeb Hassan, MD
Abhijit Das, MD
Neeraj N. Baheti, MD
Ashalatha Radhakrishnan, DM

Address correspondence and reprint requests to Dr. Abhijit Das, Department of Neurology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India
abhijit.neuro@gmail.com

Figure **MRI features of idiopathic intracranial hypertension**



(A, B) Sagittal T2 MRI (1.5 Tesla) showing partially empty sella turcica and buckling of optic nerves. (C) Coronal T2 images showing dilated perioptic CSF spaces. (D) Axial fluid-attenuated inversion recovery images showing buckling of bilateral optic nerves and flattening of the posterior aspect of the optic globe.

A 31-year-old woman presented with insidious onset headache, pulsatile subjective bruit, and bilateral vision loss. She was obese with bilateral papilledema, visual acuity of 20/40, and normal visual fields without any localizing neurologic signs. CSF opening pressure was 290 mm of water with normal composition. MRI showed characteristic features[1] (figure) without structural lesion or hydrocephalus. Her magnetic resonance venogram was normal, establishing the diagnosis of idiopathic intracranial hypertension (IIH).[2] Although individual magnetic resonance signs lack sensitivity[1] in diagnosis of IIH, a combination of signs in the context of a clinical picture is very helpful.

REFERENCES

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2. Friedman DI, Jacobson DM. Diagnostic criteria for idiopathic intracranial hypertension. Neurology 2002;59:1492–1495.

From the Department of Neurology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India.
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