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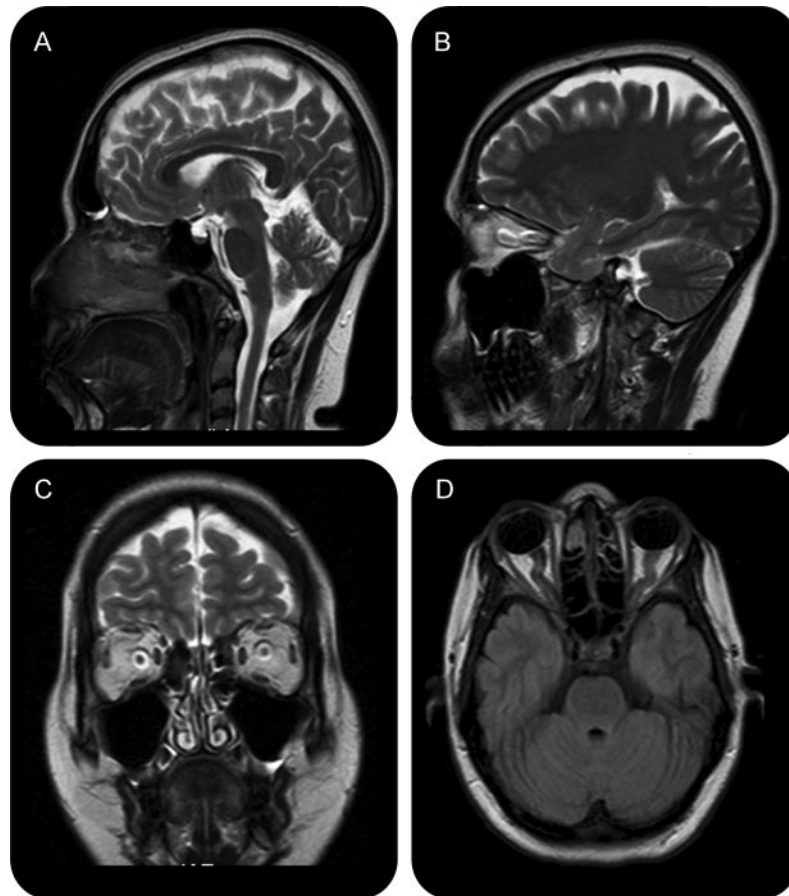
Idiopathic intracranial hypertension

MRI features

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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 features¹ (figure) without structural lesion or hydrocephalus. Her magnetic resonance venogram was normal, establishing the diagnosis of idiopathic intracranial hyper-

tension (IIH).² Although individual magnetic resonance signs lack sensitivity¹ in diagnosis of IIH, a combination of signs in the context of a clinical picture is very helpful.

REFERENCES

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