



Series of 10 Cases of Idiopathic Intracranial Hypertension - Critical Evaluation of Progression and Management

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Introduction

Idiopathic intracranial hypertension (IIH) is a rare disease that presents with headache and predominantly affects women, with obesity as its main risk factor.

Objective

To critically evaluate the progression and management of patients with IIH in a tertiary academic service.

Method

Case series comprising 10 individuals diagnosed with IIH, treated between 2010 and 2023 at the University Hospital of the State University of Londrina, Brazil. Data were obtained through a review of electronic medical records.

Results

All participants were female, aged 16 to 52 years, with disease duration of 1.3 to 14.0 years. Headache was the initial symptom in 9 patients. Visual complaints were present in 5 patients. The initial pain was moderate to severe in 9 patients, pulsatile in 8, unilateral in 6, and frontal in 8. Accompanying symptoms like photophobia were present in 8, phonophobia in 5, and tinnitus in 2 patients. Papilledema was present in 6 patients, abducens nerve paralysis in 2, opening pressure (OP) was $\geq 250\text{mmHg}$ in 7, and 3 patients met the radiological criteria for IIH. The treatment of choice was acetazolamide for 7 patients, combined with topiramate in 5, and topiramate monotherapy for 2 patients. Two patients underwent surgical procedures. During follow-up, 3 patients had headaches ≥ 15 days per month with characteristics similar to the initial presentation. Papilledema and VI nerve palsy were no longer present, radiological criteria were met by only one patient, and 7 patients still had OP $\geq 250\text{mmHg}$. Treatments remained similar; however, there was a need to add headache prophylaxis in 5 patients. Obesity was still present in 4 patients, 3 had overweight, and 3 had no weight record. Among the 5 patients with initial and final weight records, only 2 had lost weight (1.8kg and 1.0kg), while 3 had gained weight (1.7 to 9.0kg).

Conclusion

Headache was the most frequent symptom, with migraine-like characteristics and persistence throughout follow-up, often requiring additional medication for control. Noteworthy was the failure to record weight and there was no significant weight loss, highlighting the need for specific management by professionals with expertise in obesity.