

[PICTURES IN CLINICAL MEDICINE]

Optic Nerve Tortuosity in Idiopathic Intracranial Hypertension

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Picture.

A 61-year-old asymptomatic thin man was referred to our hospital for bilateral congestive papillae during a regular medical check-up. After performing brain magnetic resonance imaging, neither a mass lesion nor an empty sella were found; however, bilateral optic nerve tortuosity was detected, and a lumbar puncture was performed. The initial pressure exceeded 330 mmH₂O; however, the cerebrospinal

fluid cell counts and protein levels were normal. Therefore, the patient was diagnosed with idiopathic intracranial hypertension (IIH).

Optic nerve tortuosity (Picture) is considered to be a characteristic imaging finding seen in IIH cases. Although this finding has low sensitivity, the specificity is very high (80.8-95.0%) (1). Hence, patients with this imaging finding have a high probability of IIH. Headaches are the most frequent symptom of IIH (75-95%) (2), but it does not occur always. Therefore, this imaging finding may help diagnose IIH patients without headaches.

The authors state that they have no Conflict of Interest (COI).

References

1. Kwee RM, Kwee TC. Systematic review and meta-analysis of MRI signs for diagnosis of idiopathic intracranial hypertension. *Eur J Radiol* **116**: 106-115, 2019.
2. Ball AK, Clarke CE. Idiopathic intracranial hypertension. *Lancet Neurol* **5**: 433-442, 2006.

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