

Rapid visual loss associated with fulminant idiopathic intracranial hypertension

An 18-year-old obese female with body mass index of 36 (1.6 m) presented with rapidly progressive visual loss over 3 days associated with holocranial dull headache for the past 3 weeks. She also had few episodes of vomiting within the past 1 week. There was no history of transient visual obscuration prior to this episode. Systemic history was insignificant. Ocular examination revealed a best-corrected visual acuity of 20/120 in the right eye and no light perception in the left eye. A relative afferent pupillary defect was also noted in the left eye. The anterior segment of both eyes was normal. Fundus [Figure 1] showed bilateral massive disc edema, peripapillary multiple flame-shaped hemorrhages, and tortuous retinal vessels. The patient was normotensive. Detailed systemic examination did not reveal any significant abnormality. Hematological investigations were unremarkable. Cerebrospinal fluid (CSF) studies were normal except high opening pressure (55 cm of H₂O). Magnetic resonance imaging (MRI) of the brain revealed normal brain parenchyma without any evidence of hydrocephalus or ventriculomegaly. However, horizontal tortuosity of the bilateral optic nerve, distended perineural sheath, and flattening of the posterior aspect of the globe were noted in MRI. Magnetic resonance venography did not show any venous sinus thrombosis. A diagnosis^[1-3] of fulminant idiopathic intracranial hypertension (IIH) was made. She underwent immediate therapeutic CSF drainage twice as a temporizing measure followed by urgent optic nerve sheath fenestration 4 days

after presentation. Despite the above interventions, her left eye vision could not be restored. IIH is a clinical disorder characterized mainly by raised intracranial pressure with unknown pathogenesis. Young reproductive age, female, and obesity are one of the several strong associations proposed for IIH.^[4] Fulminant or malignant IIH represents the fulminant spectrum of this clinical disorder, necessitating prompt diagnosis and early aggressive management.^[5] Sudden early-onset visual loss in such patients is probably attributable to axoplasmic stasis either due to direct mechanical compression or due to compromised perfusion of axons.^[5]

Consent

Informed consent was obtained from the patient included in the study.

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Nil.

Conflicts of interest

The authors declare that there are no conflicts of interests of this paper.

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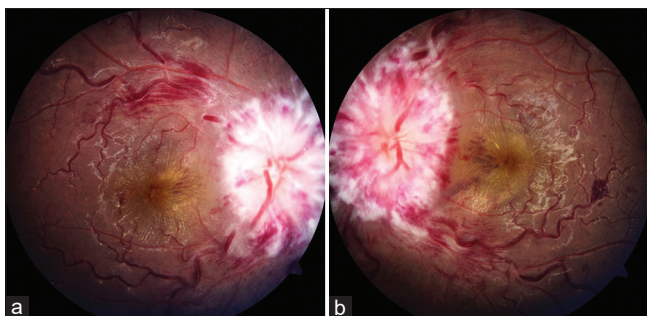


Figure 1: Fundus pictures of the right eye (a) and left eye (b) showing bilateral massive disc edema, peripapillary flame-shaped hemorrhages, and tortuous retinal vessels in a young obese female with fulminant idiopathic intracranial hypertension

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