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Unusual presentation of idiopathic intracranial hypertension in a paediatric patient

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Statement of the problem: Idiopathic intracranial hypertension (IIH) was described over a century ago; although its pathogenesis remains unknown, diagnostic and therapeutic developments during the past two decades have substantially advanced patient management. The purpose of this case report is to present an usual presentation of IIH in a paediatric patient.

Methodology and Theoretical Orientation: A case of an 11 year-old male patient was referred to Dept. of Ophthalmology due to blurred vision in the last week on both eyes. On presentation Ishihara colour vision was normal and his best corrected visual acuity was 6/12 on his right eye and 6/9 on his left eye.

Findings: Fundoscopy revealed papilloedema and macular oedema bilaterally. The patient underwent optical coherence tomography and visual fields investigation which showed visual field abnormality. The boy is not obese and his blood tests were normal. Magnetic resonance imaging and lumbar puncture confirmed a diagnosis of increased intracranial pressure (ICP). Patient was treated medically with acetazolamide 250 mg 3 times per day. One week follow-up showed improvement in macular oedema, while one month follow-up showed improvement in papilloedema and good recovery of visual function. Six month follow-up showed almost resolution of papilloedema, while there are remaining visual field defects.

Conclusion and Significance: The treatment goal for patients with IIH is to preserve optic nerve function while managing ICP. Optic nerve function should be carefully monitored with an assessment of visual acuity, colour vision, optic nerve head appearance, and perimetry. Patients without visual loss most often are treated with a carbonic anhydrase inhibitor (acetazolamide) to lower the ICP. In patients with severe symptoms, early visual field loss, or poor response to standard medical therapy, some clinicians utilize a short course of high-dose oral corticosteroids. Both prompt diagnosis and management are important to prevent permanent visual loss.

Recent Publications

1. Friedman DI, Jacobson DM (2004) Idiopathic intracranial hypertension. *J Neuroophthalmol* 24:138-45.
2. Fraser JA, Bruce BB, Rucker J, et al (2010) Risk factors for idiopathic intracranial hypertension in men: a case-control study. *J Neurol Sci* 290:86-9.
3. Jirásková N, Rozsival P (2008) Idiopathic intracranial hypertension in pediatric patients. *Clin Ophthalmol* 2:723-6.
4. Wall M, McDermott MP, Kiebertz KD, et al (2014) Effect of acetazolamide on visual function in patients with idiopathic intracranial hypertension and mild visual loss: the idiopathic intracranial hypertension treatment trial. *JAMA* 311:1641-51.
5. Ney JJ, Volpe NJ, Liu GT et al (2009) Functional visual loss in idiopathic intracranial hypertension. *Ophthalmology* 116:1808-1813.
6. Wall M, Falardeau J, Fletcher WA, et al (2015) Risk factors for poor visual outcome in patients with idiopathic intracranial hypertension. *Neurology* 85:799-805.

Biography

Anna Praidou received her medical degree, completed her PhD thesis and her residency at the University of Thessaloniki, Greece. She completed an MSc in Medical Research Methodology at the University of Thessaloniki, Greece and another MSc in Health Unit Management at the Open University of Patra, Greece. After completion of her training in Ophthalmology she was working at Alder Hey Hospital, Liverpool in Paediatric Ophthalmology, at Royal Liverpool University Hospital in Medical retina, Uveitis and Ocular Oncology Services. She was previously also working at Moorfields Eye Hospital, London in the Cataract Service and at the Royal Free Hospital, London in Medical Retina and Cataract services. She is currently working as a Consultant Ophthalmic Surgeon in NHS.

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