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Idiopathic intracranial hypertension could be mere a chronic active bacterial encephalitis

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Over more than fifteen years of my Career in Neurosurgery I focused my efforts on the causation of surgical pathologies (biological bases). Idiopathic intracranial hypertension is embarrassing, that whatever the neurosurgeon do, still some end with big disability, the blindness. My vision is based on two, first, as the histopathology of brain parenchyma say presence of long standing water In extracellular spaces without trauma or toxins, the logic explanation for that is the chronic inflammatory process. The second base, I concentrated on the patient as a whole rather than on CNS only trying to discover the relation between this CNS inflammatory process and presence of any systemic disease which make this CNS impairment as a complication to it. By taking a strict history, systemic review and physical examination I concluded the presence of a chronic or sub-acute general disease which in my career it was chronic Brucellosis however (pre PCR era in Iraq) serology is negative in most, for that anti Brucella trial treatment was adopted to result in a very high success rate in mild to moderate cases which are several tens in number (apart from two severe cases) over the 15 years. Complete work up done to exclude other entities, fundus camera to register and follow optic disc edema or atrophy. The two sever cases underwent all modalities of treatment in other centers but end with blindness, one fifty five years old male no light perception and the second is twenty three old female end with shadow perception, on ensuing this anti Neurobrucellosis (no steroids), the male after six months regained his full vision gradually, the female after three months also regained her full vision gradually for this female patient PCR of CSF was positive for Brucella.

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