Rahaf Abdullah Mandura et al., J Clin Exp Ophthalmol 2021, Volume 12

Clinical profile, evaluation, management and visual outcome of idiopathic intracranial hypertension in a neuro-ophthalmology clinic in Jeddah, Saudi Arabia

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Idiopathic Intracranial Hypertension (IIH) is a disorder with Elevated Intracranial Pressure (ICP) more than 250 mm H2O, without evidence of meningeal inflammation, space-occupying lesion, or venous thrombosis. In this study, we aim to study the clinical profile, evaluation, management, and visual outcome in a hospital-based population of IIH cases in Jeddah. It is a retrospective observational study that included the medical records of all patients referred to Neuro-Ophthalmology service for evaluation of papilledema. The medical records have been reviewed from October 2018 to February 2020 at Jeddah Eye Hospital (JEH), Saudi Arabia. A total of fifty-one patients presented with papilledema in the studied period. Forty-seven patients met our inclusion criteria and were included in the study. Most of the patients were females (43, 91.5%) with a mean age of presentation of 30.83±11.40 years. The most common presenting symptom was headache (40 patients, 85.1%), followed by transient visual obscuration (20 patients, 42.6%), and reduced visual acuity (15 patients, 31.9%). All 47 patients were started on medical treatment with oral acetazolamide with four patients (8.5%) shifted to topiramate because of the lack of response or intolerance to acetazolamide while four patients (8.5%) underwent lumbar-peritoneal shunt because of inadequate control of the disease despite the treatment with medical therapy. For both eyes, the change in visual acuity across all assessment points was statistically significant. Nevertheless, there were no significant changes in the visual field findings among all of the compared assessment points. Our study has shown that this disease is common in young female patients with headaches, transient visual obscurations and reduced visual acuity. Medical treatment of IIH is significantly efficacious and should be considered in order to enhance the prognosis of IIH-related complications.

Conclusion: Therefore, the visual status should be frequently monitored for these patients.

Response		Acetazolamide dose (mg)						P-value
		500		750		1000		
		Count	%	Count	%	Count	%	
Subjective response	Not reported	0	0.0	2	18.2	0	0.0	0.162
	Yes	8	72.7	7	63.6	17	89.5	
	No	3	27.3	2	18.2	2	10.5	
Objective response	Not reported	0	0.0	2	18.2	0	0.0	0.023*
	Normal	8	72.7	9	81.8	12	63.2	
	Pale	3	27.3	0	0.0	2	10.5	
	Blurry	0	0.0	0	0.0	5	26.3	

Recent Publications:

1. Wall M. Idiopathic intracranial hypertension. Neurol Clin. 2010;28(3):593-617.
2. Dandy WE. INTRACRANIAL PRESSURE WITHOUT BRAIN TUMOR: DIAGNOSIS AND TREATMENT. Annals of surgery. 1937;106(4):492-513.
3. Dhungana S, Sharrack B, Woodroofe N. Idiopathic intracranial hypertension. Acta neurologica Scandinavica. 2010;121(2):71-82.
4. Galvin JA, Van Stavern GP. Clinical characterization of idiopathic intracranial hypertension at the Detroit Medical Center. Journal of the neurological sciences. 2004;223(2):157-160.
5. Baheti NN, Nair M, Thomas SV. Long-term visual outcome in idiopathic intracranial hypertension. Ann Indian Acad Neurol. 2011;14(1):1

Biography

Rahaf Mandura is a Board certified ophthalmologist and a teaching assistant at King Abdulaziz University in Jeddah, Saudi Arabia. She has published many articles in reputed journals.