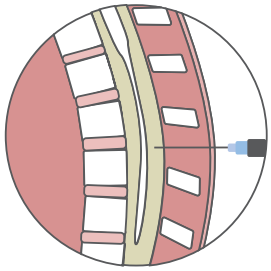
IDIOPATHIC INTRACRANIAL HYPERTENSION
(Pseudotumor Cerebri)

What is Pseudotumor Cerebri?
Pseudotumor cerebri literally means "false brain tumor". A person with pseudotumor cerebri (also called Idiopathic Intracranial Hypertension, or IIH) does NOT have a brain tumor. Instead, buildup of cerebral spinal fluid (CSF) inside the skull causes symptoms that mimic the symptoms of a brain tumor. The increased pressure in the skull presses on brain and eye structures, leading to a number of different neurological and visual symptoms.

What causes pseudotumor cerebri? Who gets it?
The condition is caused by an excess of cerebral spinal fluid (CSF) inside the skull. This is either because CSF is being produced too rapidly, or is not being reabsorbed properly by the body. The cause is unknown, but we are aware of certain risk factors. It is more common in women than men, especially premenopausal women. Obesity is another risk factor. While relatively rare, this condition is most common in adults, and very rare in infants, but does occur in children and adolescents. Certain classes of medications, including birth control pills, steroids, and certain antibiotics can increase your risk for the disorder.

What are the symptoms?
Common symptoms include headaches, blurred vision, a buzzing sound in the ears (tinnitus), dizziness, double vision (diplopia), nausea, and vision loss. Symptoms may get worse during physical activity or in certain positions.

How is the condition diagnosed?
Your neurology provider will obtain a detailed history and physical exam. Your eyes will be examined closely. If pseudotumor cerebri is suspected, you will likely need a number of additional tests or studies, possibly to include a thorough ophthalmological (eye) exam, an MRI and/or CT scan, and a lumbar puncture (spinal tap). These tests will help confirm the diagnosis of pseudotumor cerebri, and rule out any other cause of your symptoms.

How is the condition treated?


Treatments are designed to reduce pressure from the buildup of fluid inside the skull. Lumbar puncture allows the physician to drain away some of the excess fluid, which often leads to rapid improvement in some symptoms. However, this fluid is rapidly replaced by the body, so lumbar puncture provides only a temporary solution. Your physician will likely recommend a daily medicine (in children, usually acetazolamide (Diamox)) that can help to slow down the production of CSF. Weight loss is often a recommendation. Cessation of certain medications may improve the condition. In severe cases, some people require a surgically implanted shunt which continuously removes fluid from the skull. Surgery is sometimes required to relieve pressure on the optic nerves that lead to the eyes, especially if vision is deteriorating. Your symptoms will be frequently monitored by your physician and eye doctor (ophthalmologist) to ensure that treatment is effective.

What is the prognosis?
Prognosis is variable between individuals. In some cases, the condition resolves spontaneously over 6-12 months, and the patient is able to stop taking medications. In other cases, the condition requires long-term monitoring and management, but symptoms are well-controlled with medicine and lifestyle changes. In more severe cases, symptoms worsen despite treatment, and can lead to deterioration of vision, and permanent vision loss. It is very important to follow the guidance and instruction of your physician in order to prevent long-term complications or permanent disability from this disorder.

References and Resources:
http://www.ninds.nih.gov/disorders/pseudotumorcerebri/pseudotumorcerebri.htm
http://www.nlm.nih.gov/medlineplus/ency/article/000351.htm

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