INTRODUCTION:

- Primary Idiopathic Intra-cranial Hypertension (IIH) is a disease defined by elevated CSF pressure, normal CSF content, normal brain with normal or small ventricles seen in imaging studies and normal neurological examination except for Abducent nerve palsy (Modified DANDY’s criteria). This condition has been well described in adults with strong female preponderance and an association with Obesity. There is 10-25% risk of severe visual loss in patients in patients with Primary IIH. Visual parameters (visual acuity & fields) and severity of papilledema at the time of diagnosis greatly influence the final visual outcome in patients with IIH.

AIM OF THE STUDY:

- To study the visual outcome in terms of visual acuity, visual field defects and fundus findings in patients with Primary idiopathic intra-cranial hypertension at the time of diagnosis and after 3 & 6 months of follow-up.

MATERIALS & METHODS:

INCLUSION CRITERIA

- 35 Patients who are newly diagnosed with primary idiopathic intra-cranial hypertension with papilledema are studied for visual outcome in terms of visual acuity, visual field defects and fundus findings at the time of diagnosis and after 3 & 6 months of follow-up.
EXCLUSION CRITERIA

- Patients with concurrent ocular illness or any other systemic diseases associated with visual loss and field defects were excluded from the study.
- Patients with recurrent episode of IIH
- Patients with secondary causes of IIH

Detailed history regarding

1. Symptoms (Headache, diplopia, Transient visual obscuration) & duration
2. Medication Use (tetracycline group of antibiotics, Vitamin A, Oral contraceptive pills, other antibiotics, steroids)
3. H/O of recent weight gain was noted. Weight and height were recorded during follow up.

Thorough neuro ophthalmic examination was done. Appropriate treatment (medical/surgical) was given. Visual acuity, visual fields by automated perimetry, fundus photography was recorded during the follow up period.

RESULTS:

Of the 35 IIH patients included in our study, 32 were females and 3 were male patients. Mean age of these patients was 26.80 ± 4.55 yrs. Headache was the most common symptom. H/o recent weight gain and obesity was present in 70% patients. 25 patients (group A) had good visual outcome during the follow up period. These 25 patients had much less visual deterioration in terms of visual acuity, field changes and grade of papilledema at the time of diagnosis. Only medical treatment was required in these 25 patients.

Surgery was needed in 8 patients. Of these, 2 patients (group B) showed poor visual outcome during the follow up despite of surgical management and they had severe
visual deterioration at the time of diagnosis. Minimal-moderate improvement and stabilisation without further worsening was seen in remaining patients who underwent surgery and they had relatively low visual acuity and severe grade of papilledema at the time of diagnosis when compared to group A with significant p value of <0.05.

CONCLUSION:

From our study we conclude that visual parameters and severity of papilledema at the time of diagnosis have an important role in influencing the final visual outcome in IIH patients irrespective of medical or surgical treatment.