KREP

2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

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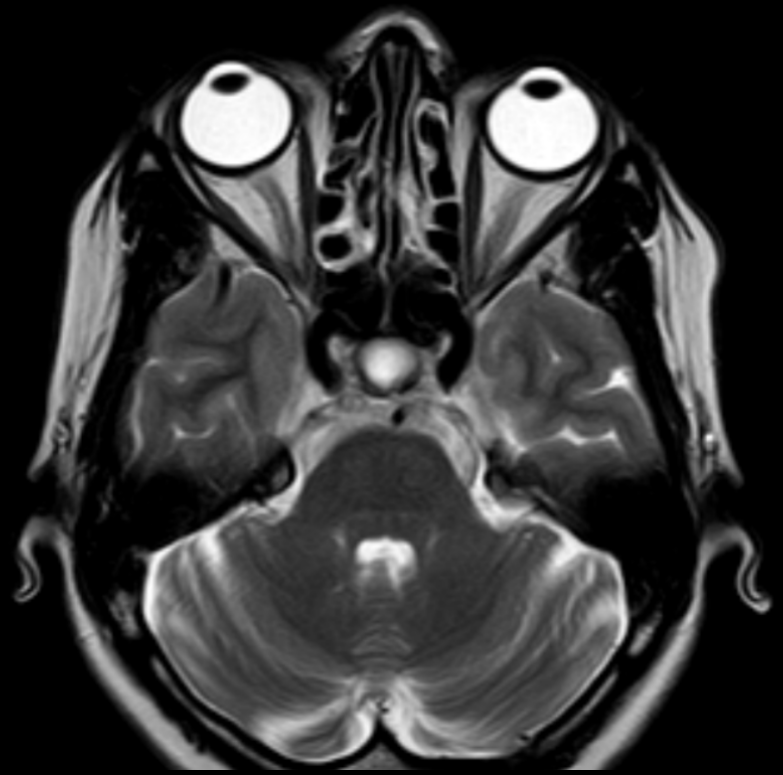
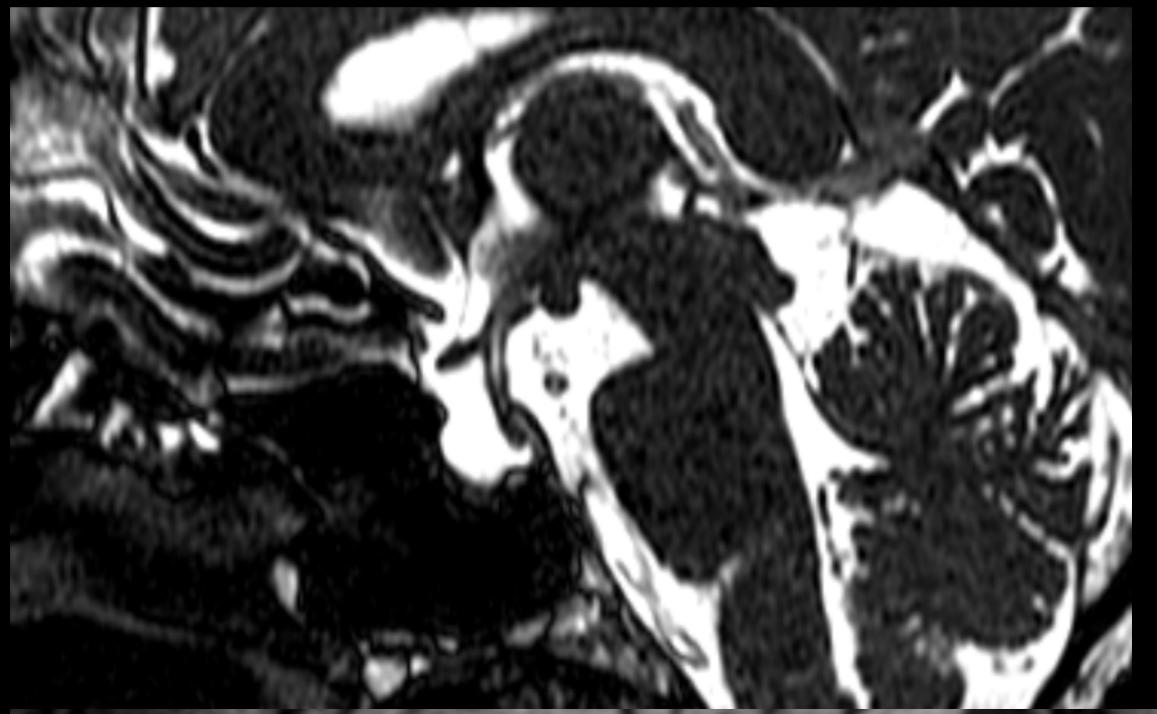
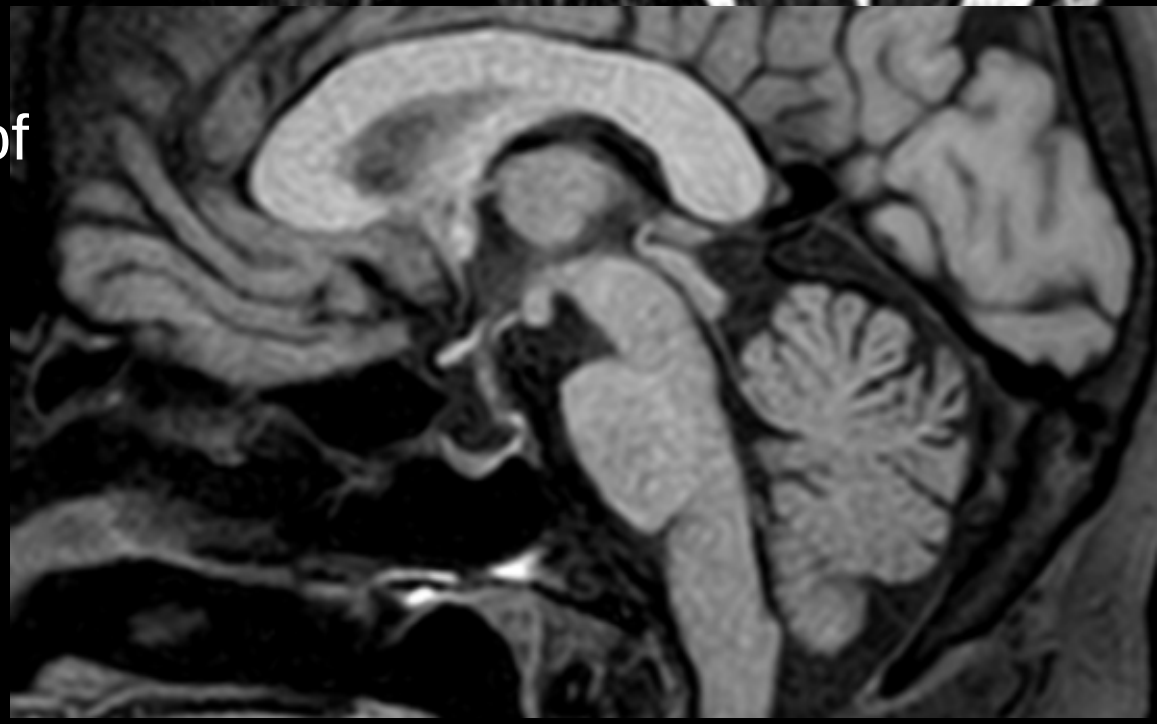
JJMMC, DAVANGERE
PRESENTOR: Dr Rachana H, PG Resident

CLINICAL HISTORY

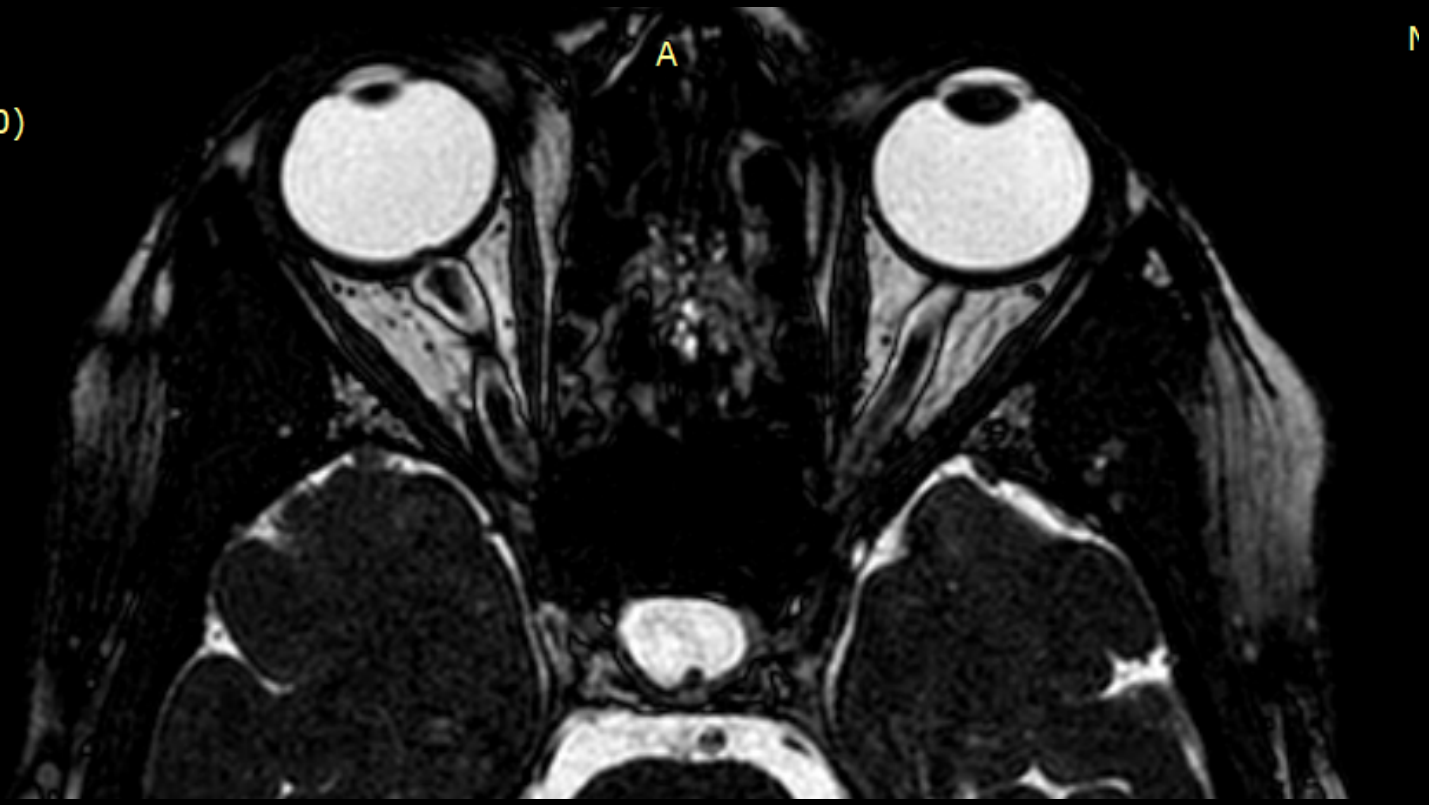
- 44y/o female patient c/o headache since 1year aggravated since 1month.
- Headache is more in the frontal region.
- Not associated with tearing of eyes, photophobia, phonophobia, nausea.
- On fundoscopy: Papilledema noted in right eye. Rest of the neurological examination was normal.
- Lab investigations were within normal limits
- BMI- 28kg/m2



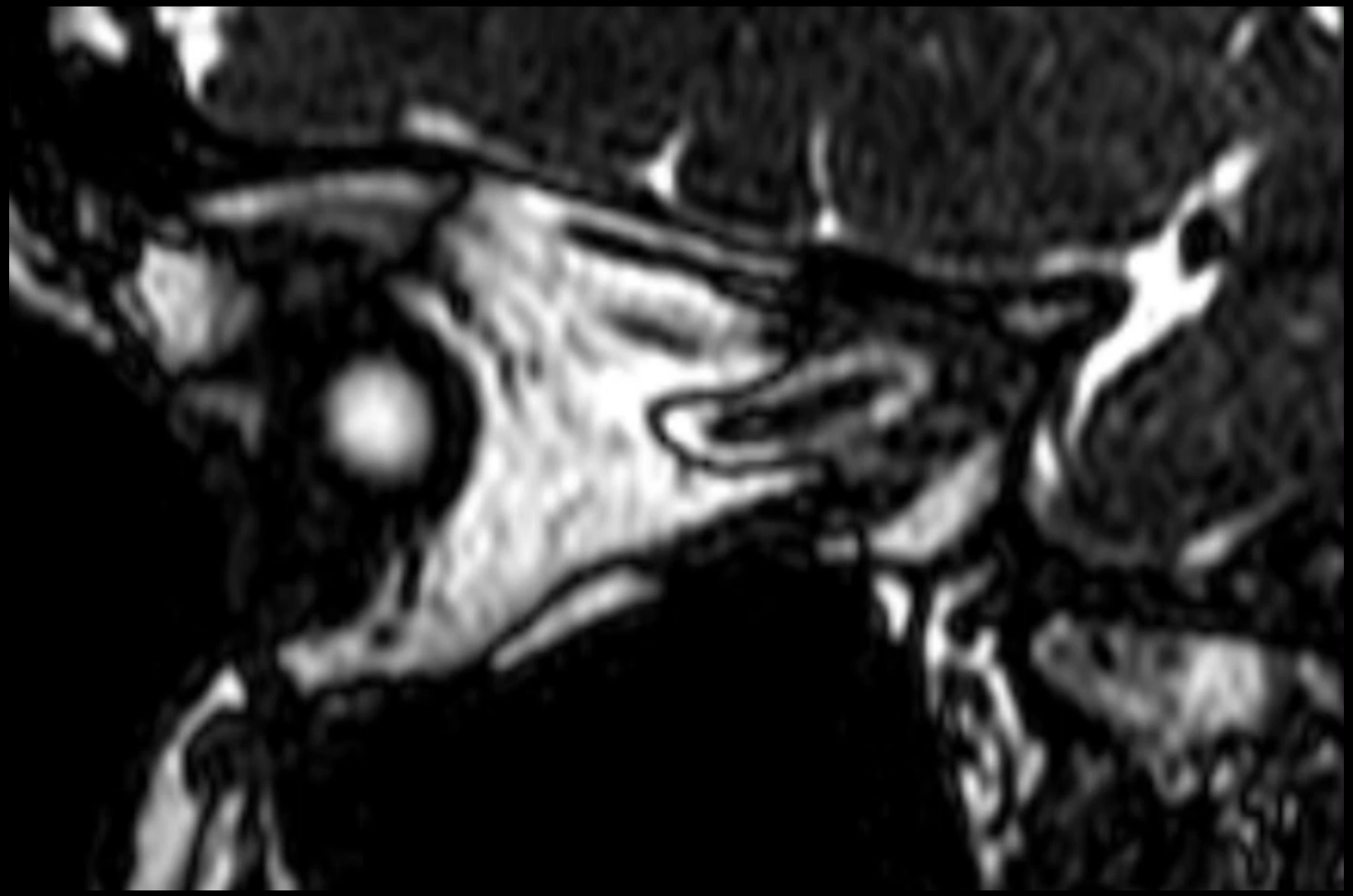




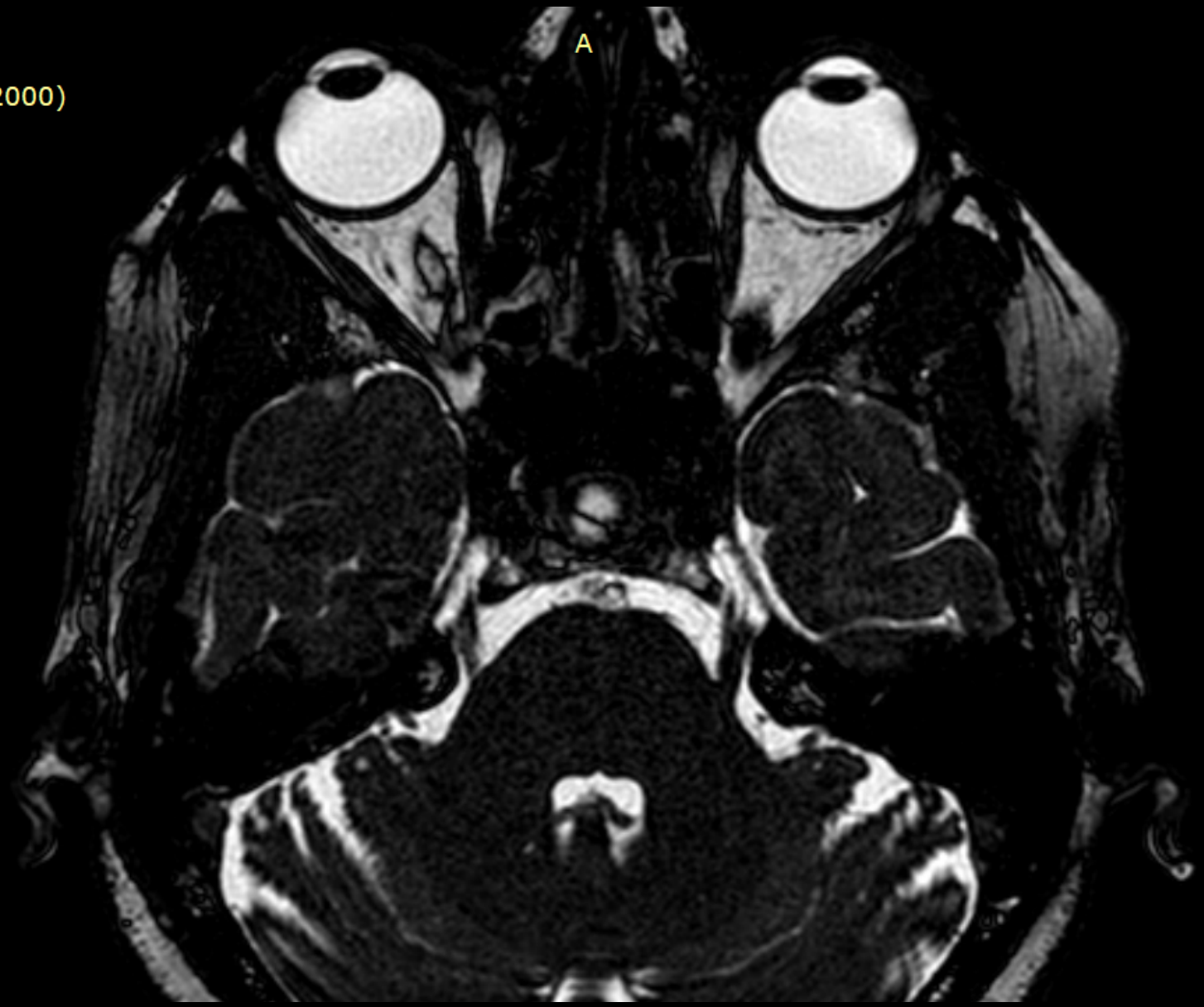
Ciss T2 W MR image axial section at the level of sella, showing CSF intensity in the sella and sagittal section showing CSF signal intensity and T1 W MR image sagittal section showing thinned out pituitary with concave upper border **occupying less than 2/3rd of sella** with moderate loss of pituitary height → s/o **partial empty sella**



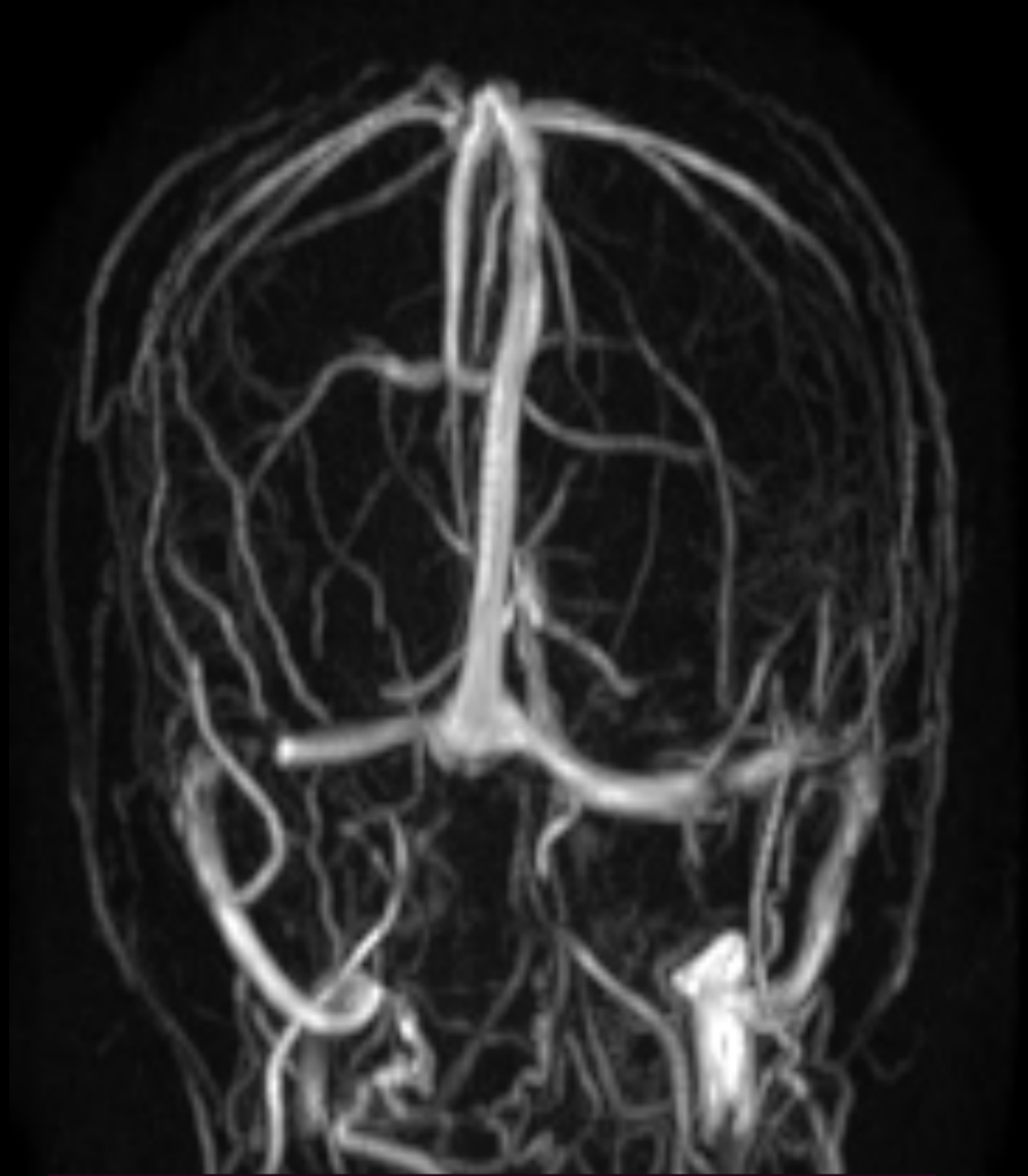
Ciss T2 W axial section at the level of orbits showing **intraocular disc protrusion and flattening of posterior sclera on the right side** *(radiological sign of papilledema)* and enlarged nerve sheath bilaterally with prominent peri optic CSF spaces bilaterally.



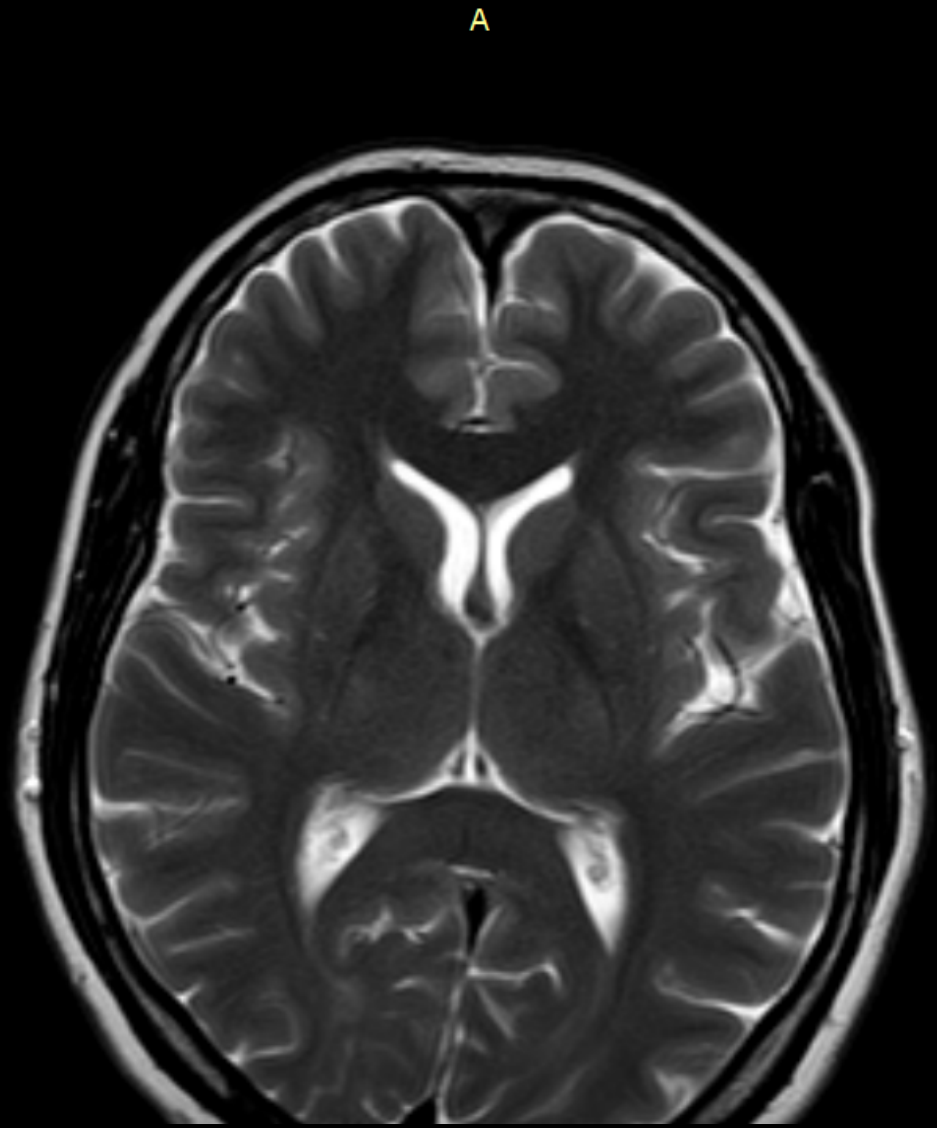
Cini clip showing **tortuous optic nerve** in the intraorbital course and intraoptic disc bulge.



Ciss T2 W axial section showing **prominent Meckel cave bilaterally**



MRV showing stenosis at junction of right transverse and sigmoid sinus, and stenosis of left transverse sinus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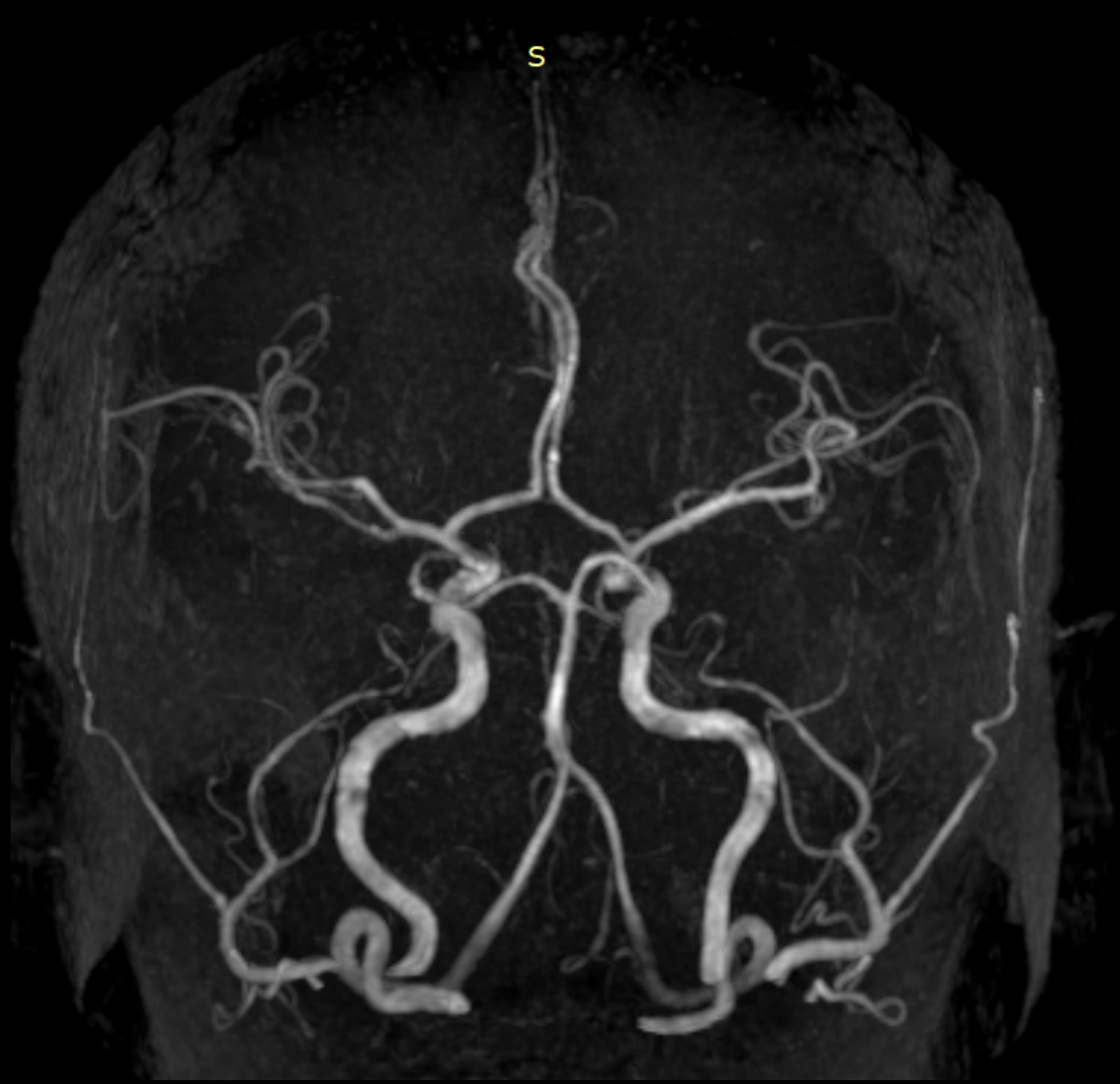
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Impression:

- Bilateral tortuous optic nerve in intraorbital course with flattening of the posterior sclera and intraoptic disc bulge on the right side and prominent peri optic CSF spaces with enlarged optic nerve sheath.
- Partial empty sella
- Prominent Meckel’s cave bilaterally
- Narrowing of distal 1/3rd of bilateral transverse sinuses

→**F/S/O Idiopathic intracranial hypertension**

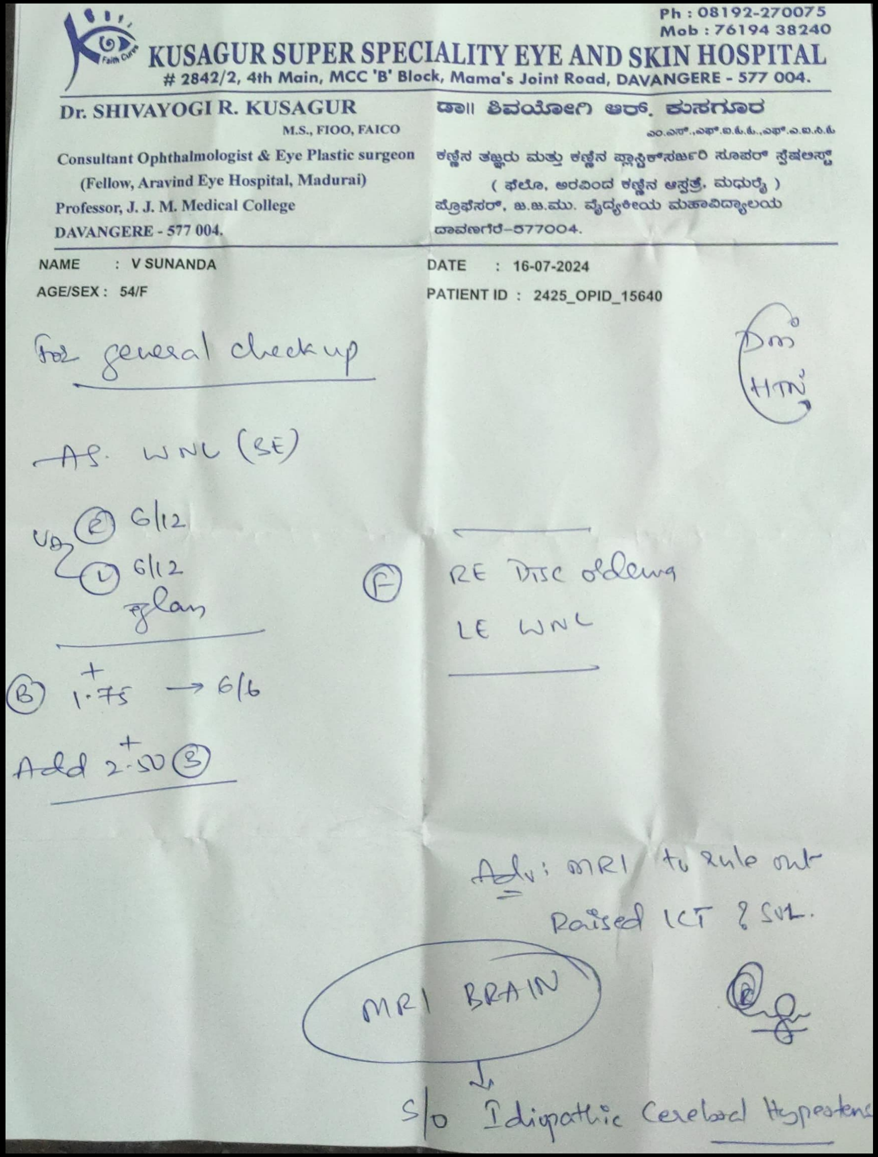
Treatment

- Weight loss
- Carbonic anhydrase inhibitors- acetazolamide, topiramate
- Invasive treatment options reserved for refractory cases:
  - Venous sinus stenting for transverse sinus stenosis
  - Optic nerve sheath fenestration if vision is acutely threatened

Imaging:

Orbits	Enlarged arachnoid outpouchings	Others
Optic nerve sheath diameter> 4.8-6.2 mm or subarachnoid space >2mm	Partially empty sella	Transverse sinus stenosis/narrowing/ hypoplasia. Jugular venous stenosis
Posterior globe flattening	Enlargement of Meckel cave and oculomotor cistern	Acquired cerebellar tonsillar ectopia
Optic nerve tortuosity in vertical or horizontal planes	Arachnoid pits (aberrant arachnoid granulations) seen in temporal bone/ sphenoid wing	Slit like ventricles
Papilledema/ optic nerve head protrusion	Prominent peri vascular spaces	Increased sub cutaneous fat thickness in scalp and neck

Follow up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ಡಾ|| ಶಿವಯೋಗಿ ಆರ್. ಕುಸಗೂರ
ಎಂ.ಎಸ್., ಎಫ್.ಐ.ಓ.ಓ., ಎಫ್.ಎ.ಐ.ಸಿ.ಓ.
ಕಣ್ಣಿನ ತಜ್ಞರು ಮತ್ತು ಕಣ್ಣಿನ ಪ್ಲಾಸ್ಟಿಕ್‌ಸರ್ಜರಿ ಸೂಪರ್ ಸ್ಪೆಷಲಿಸ್ಟ್
(ಫೆಲೊ, ಅರವಿಂದ ಕಣ್ಣಿನ ಆಸ್ಪತ್ರೆ, ಮಧುರೈ)
ಪ್ರೊಫೆಸರ್, ಜೆ.ಜೆ.ಎಂ. ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ
ದಾವಣಗೆರೆ-577004.

NAME : V SUNANDA
DATE : 16-07-2024
AGE/SEX : 54/F
PATIENT ID : 2425_OPID_15640

For general checkup

DM
HTN

AS: WNL (SE)

VA (R) 6/12
(L) 6/12
glass

(F) RE Disc oedema
LE WNL

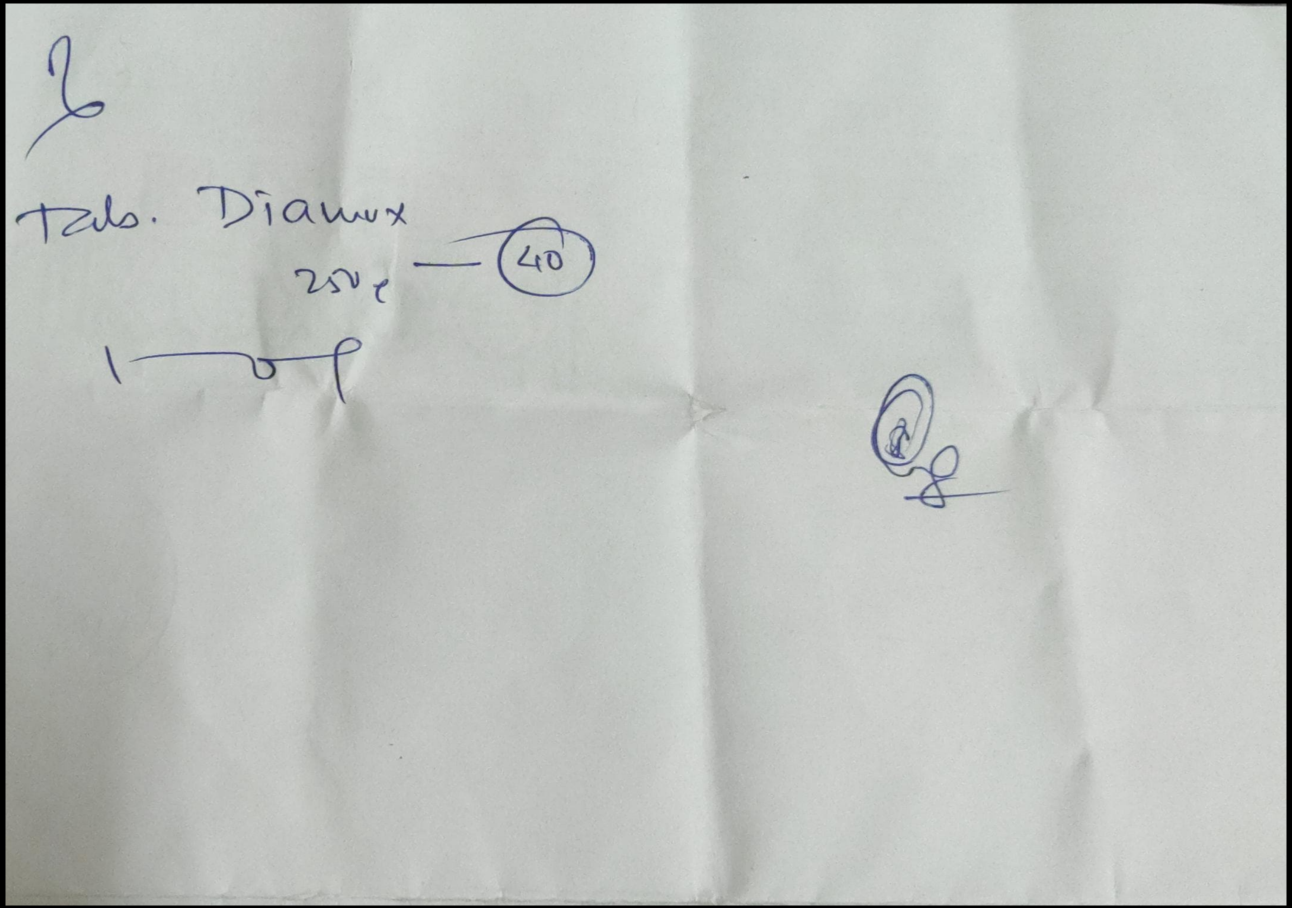
(B) +1.75 → 6/6

Add +2.50 (B)

Adv: MRI to rule out
Raised ICT ? SOL.

MRI BRAIN

s/o Idiopathic Cerebral Hypertens


Rx

Tab. Diamox
250 — (40)

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THANK YOU