

PS2.075

Not another migraine

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Background & Aim: A 31 year-old woman, active smoker and taking birth control pills. Attends to her GP (general practitioner) referring headache, vertigo and nausea with no improvement after sulpiride treatment, instability, tinnitus especially during the night and partial vision loss. All the symptoms for around 4 weeks. Physical Examination: obesity, cardiopulmonary auscultation and abdominal exploration being normal. Neurological exploration shows an II nerve disorder with diminished visual acuity and bilateral papilledema.

Method: Blood analysis was normal. CT-scan: no acute findings.

Lumbar puncture: pressure of 36 cm H₂O, without any alteration in the analysis. Cerebrospinal fluid: serology, culture test and cytology examination were negative.

Cerebral MRI: bilateral optic nerve sheath dural ectasia.

Campimetry test: visual impairment in the nasal field of the vision, more in the left eye

Results: Diagnosis: Benign intracranial hypertension (BIH), Pseudotumor cerebri (PTC)

Differential diagnosis: migraine without aura, cervicogenic headache, cerebral venous sinus occlusion, arteriovenous malformation, meningeal disease, toxic case.

Conclusions: BIH is characterized by an increased intracranial pressure (has an incidence rate of 0.9 per 10000 persons, more frequent in women, obese and between 20-40 years that use birth control pills). It can cause visual impairment due to papillary edema. The prevention and control of this disease must be done thoroughly, by controlling the cardiovascular risk factors, visual acuity and eye fundus examination. Around 80% of the cases respond to the conservative treatment by eliminating the risk factors and to Acetazolamide.

