

Benign Intracranial Hypertension Management Protocol: Prospective Study on 138 Cases

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Abstract

Benign Intracranial hypertension (BIH) is defined by the existence of intracranial pressure greater than 15 mm Hg sustained. The clinical signs revealing a BIH are headaches that are resistant to analgesics most also complained of blurred vision, dizziness, vomiting, and drowsiness. The objective of our study is to evaluate the management of BIH's patients hospitalized in our neurosurgery department, propose protocol and develop recommendations and consensus for the management and treatment of patients with benign HIC. We have a retrospective series of 138 patients admitted and/or operated for BIH from January 2011 to June 2018. The patients are aged from 10 to 50 years with an average age of 33, 5 years, 30% have age between 20 and 30 years. The sex ratio f/h is 34/1. The clinical manifestations of the BIH are those of any HIC. The headache with nausea and/or vomiting is major initial manifestations in most series as in our series. 49 patients have blurred vision in periphery bilaterally (68%) and one patient has bilateral blindness; 8 patients have optic atrophy (9%), the papillary edema found on all patients (100%), bilateral papillary edema occurred in 62 (45%) patients, of whom grades II, III, IV were 9%, 22%, 16% respectively, 25 patients had optic atrophy (18,1%). Brain MRI has shown no abnormality in all patients (100%). All patients underwent a lumbar puncture with manometry always greater than or equal to 30 cm H₂O, with extremes ranging from 50 to 60 cm H₂O (visual prognosis compromise on 25 patients (18,10%). Medical treatment is used for 83 patients (60,14%), it is based on steroids and Diamox. The surgical treatment has to be associated in the cases of high intracranial pressure (>50 cm H₂O) and/or because of visual risk, it is necessary to perform lumbar-peritoneal shunt in 81 patients (59%) and ventriculo peritoneal shunt (VPS) in 22 patients (16%); 90% of patients who have benefited lombo-peritoneal shunt (LPS) saw their clinical and especially their balance sheets ophthalmic (VA and OF normalized within 1 month), however 10% of patients have no modification of their clinical situation. In the presence of papillary edema and oculomotor disturbances, which are abruptly associated with normal neuroradiological investigations, we must consider the diagnosis of BIC, start the treatment as quickly as possible in order to preserve the visual function.