



IDIOPATHIC INTRACRANIAL HYPERTENSION

**Presented by – DR Charu Bilaiya (JR3), IGGMC, Nagpur
Conference – VIDRAD- Teaching files**

CASE

CLINICAL PROFILE:

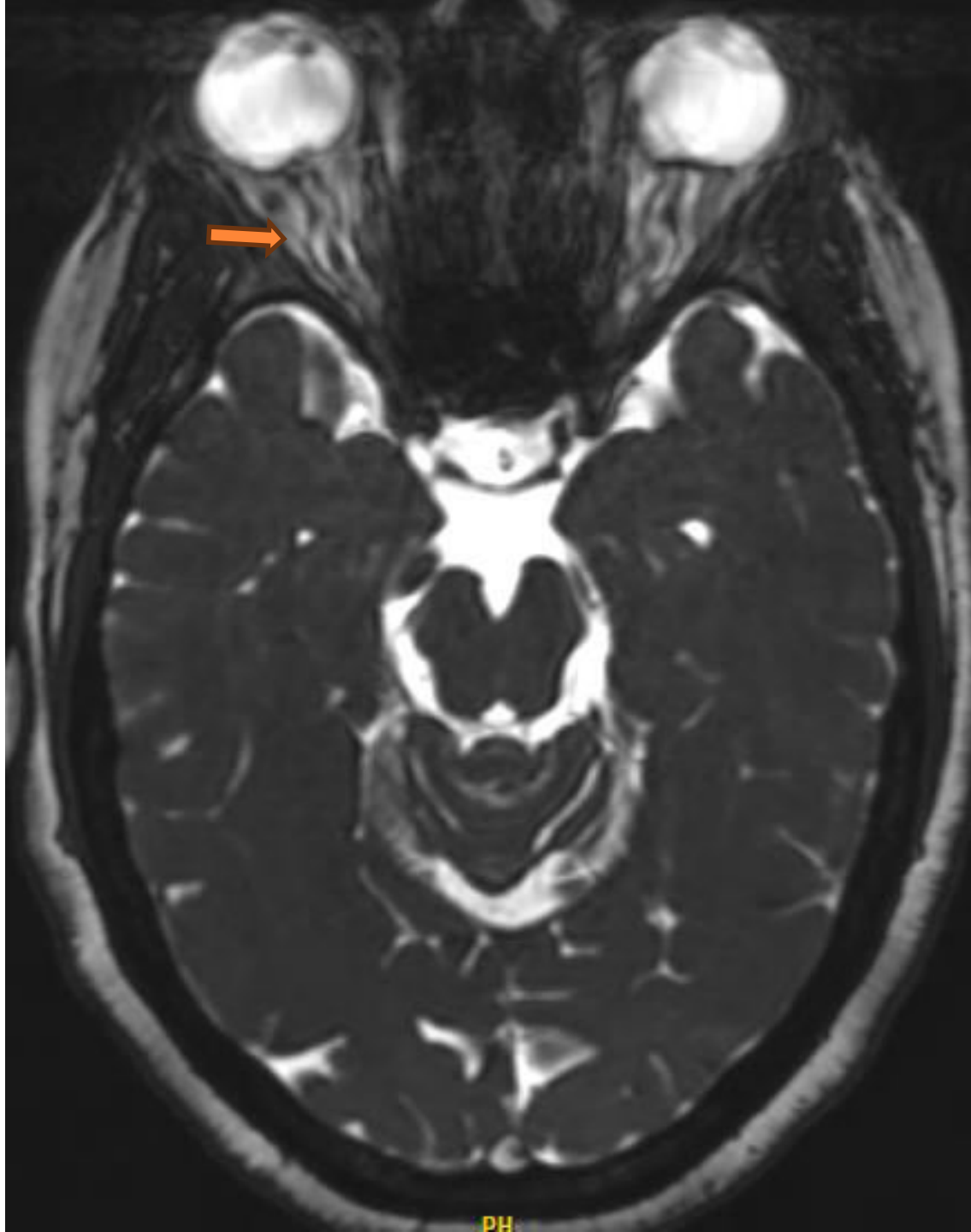
34 years old female came with complaints of headache, nausea, vomiting, blurring of vision, diplopia since last 2 weeks.

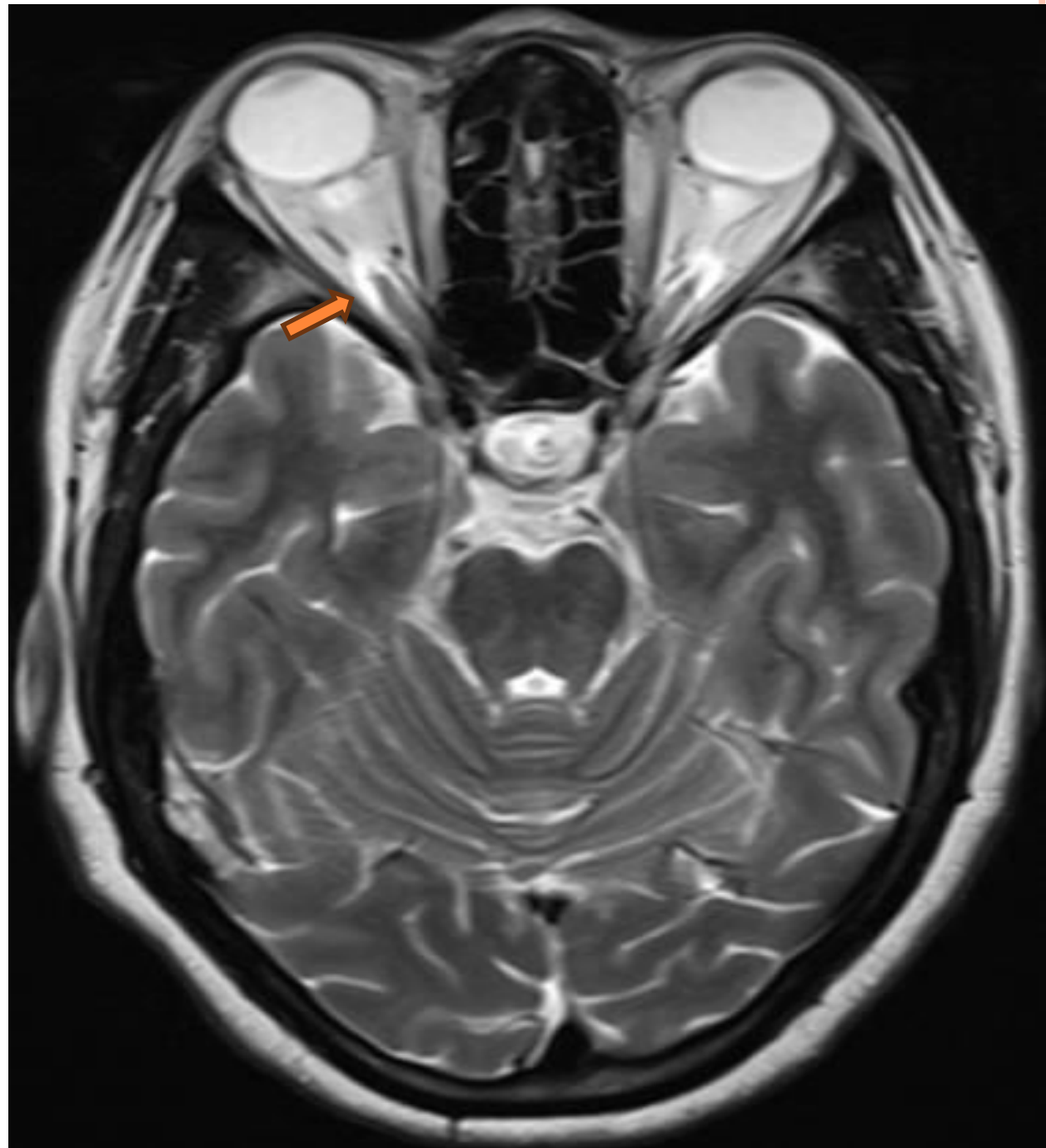
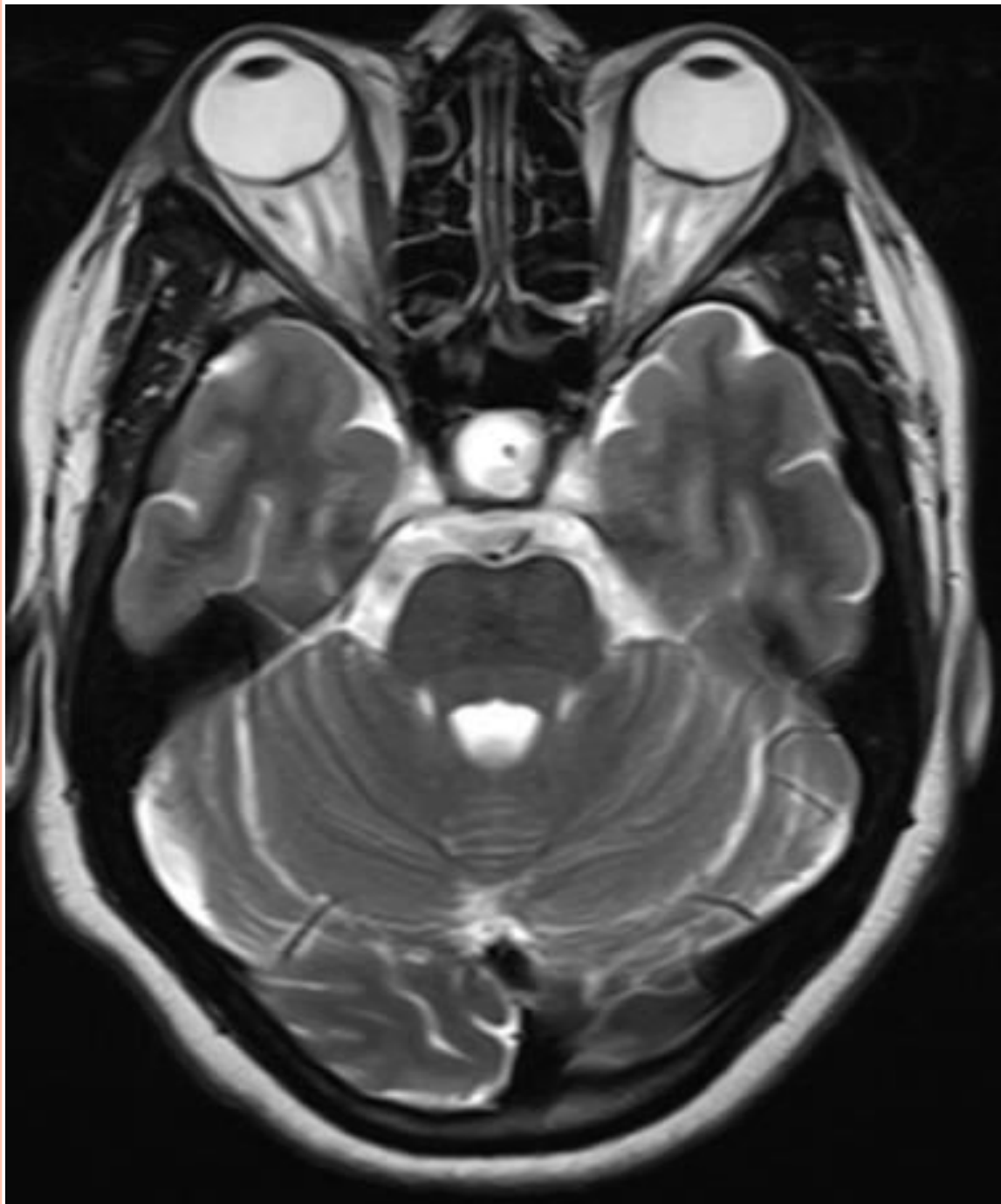
Patient k/c/o HTN and is on irregular treatment,

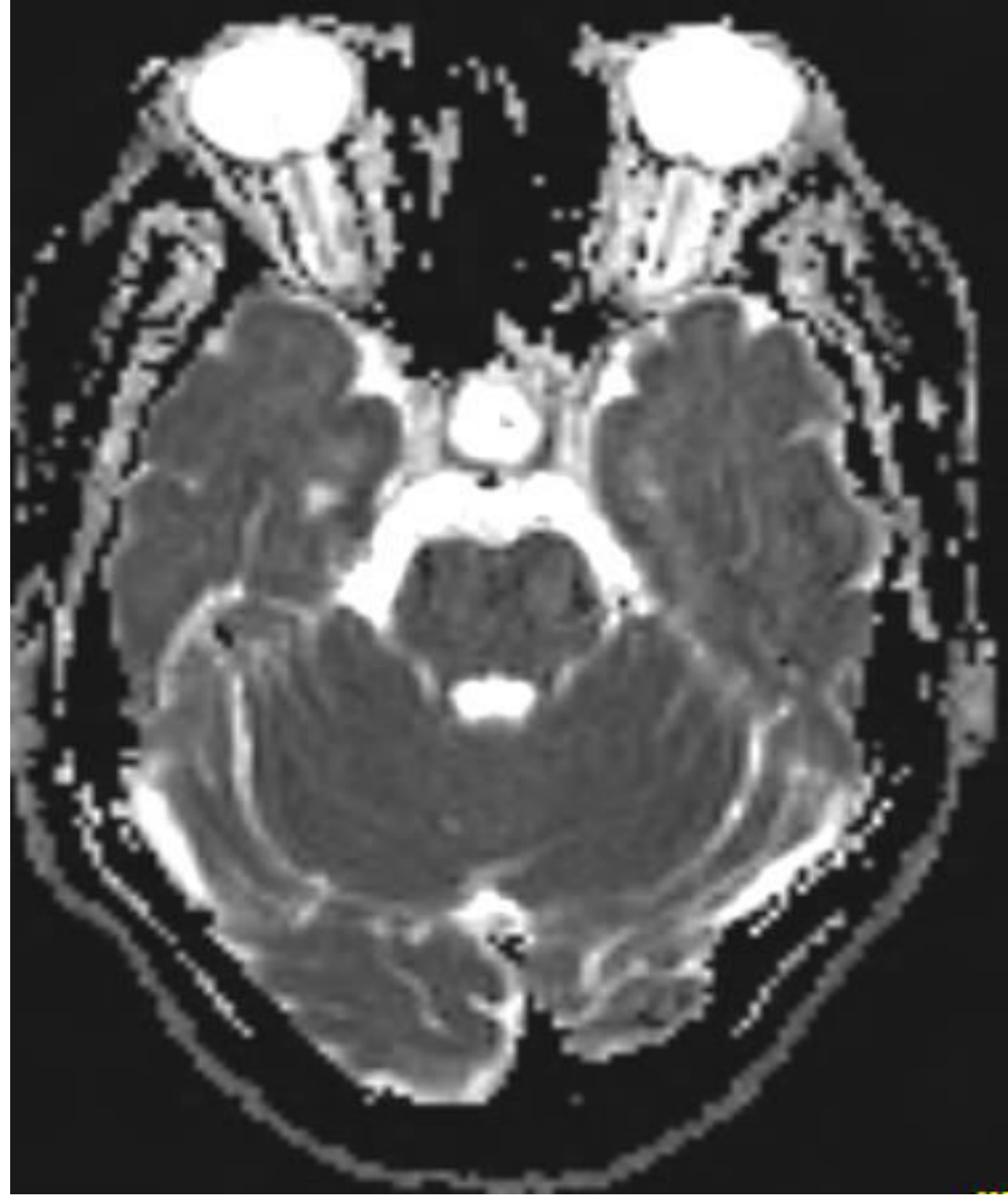
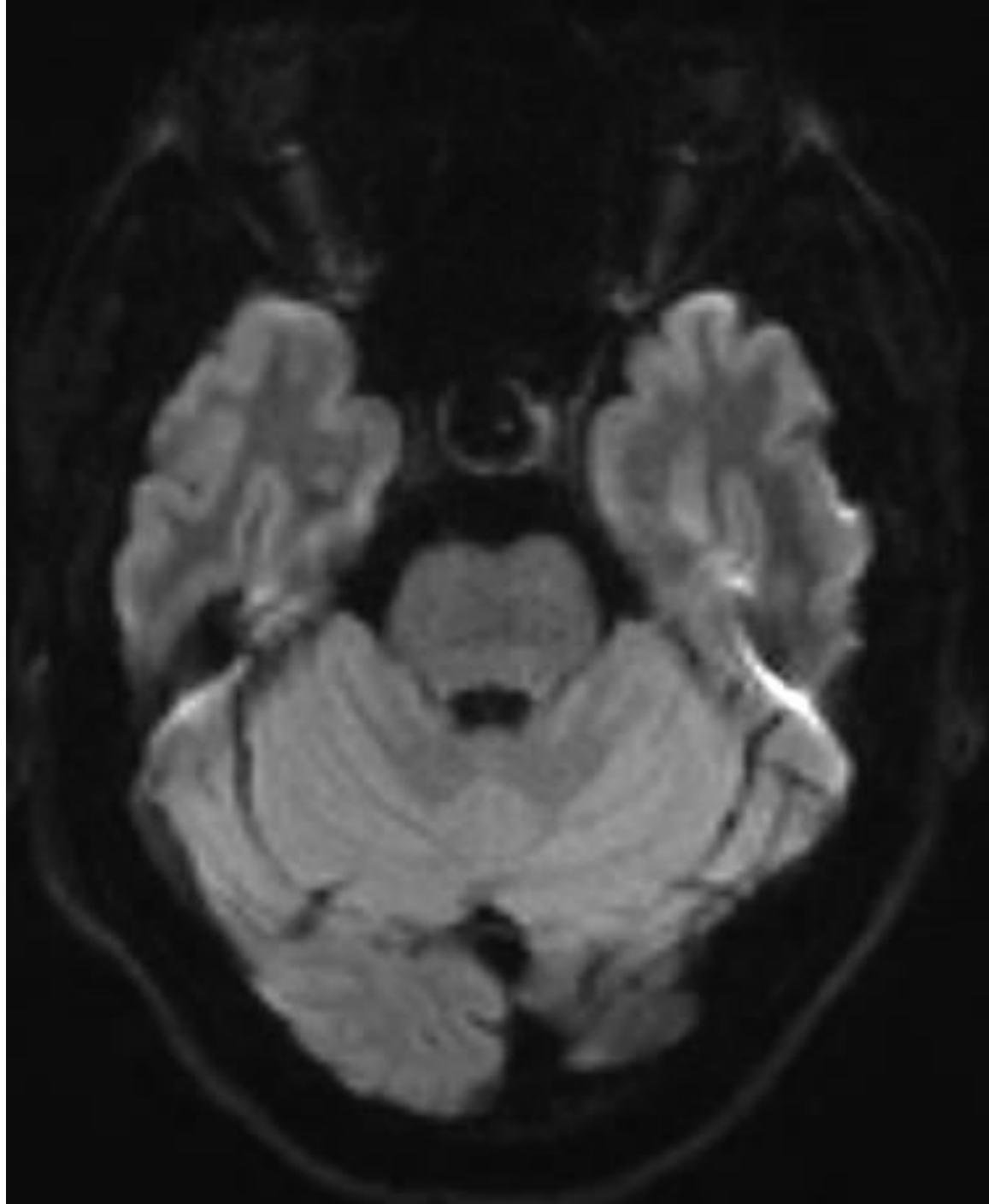
No H/o menstrual irregularities,

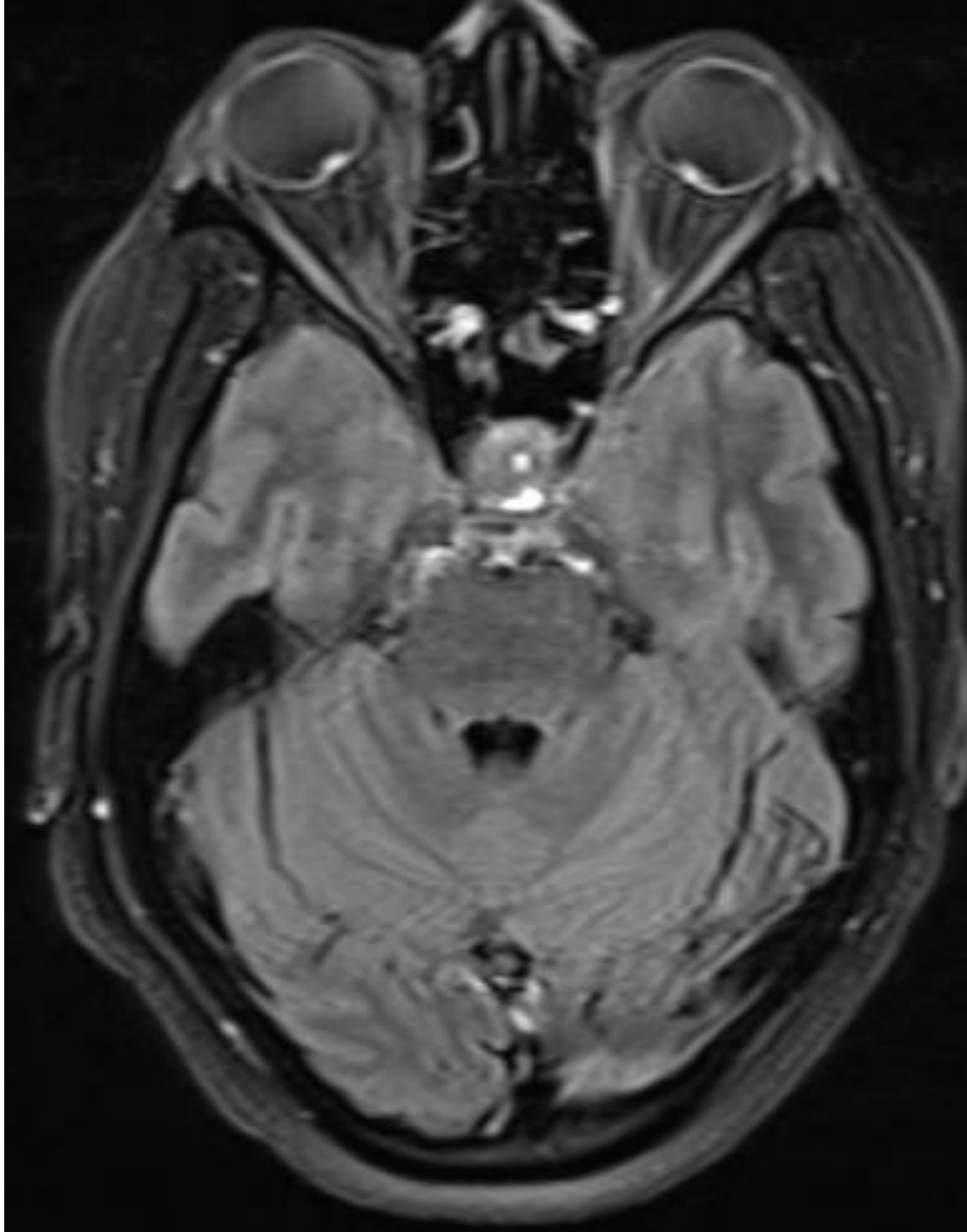
Clinically diagnosed as left lateral rectus palsy.



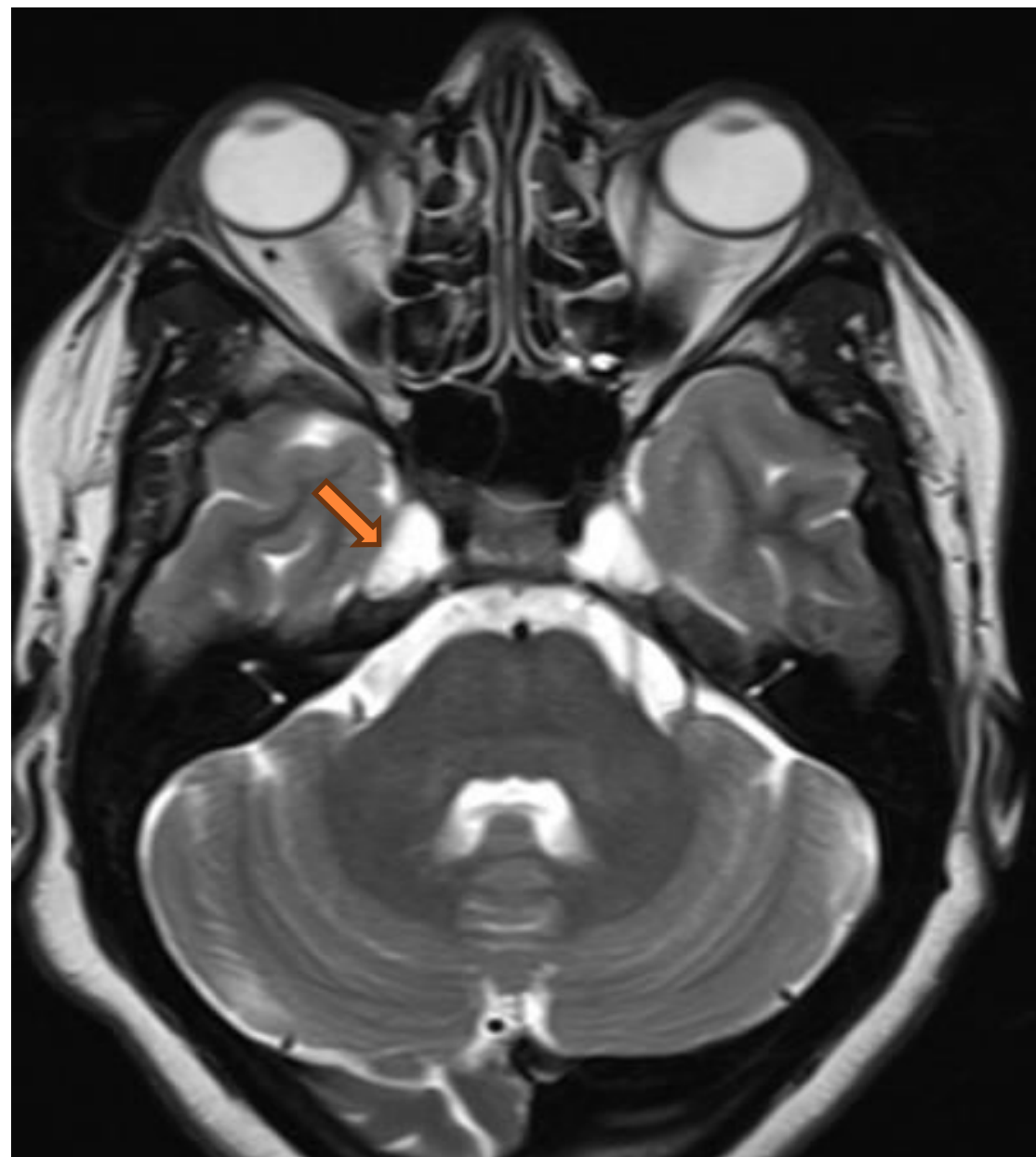
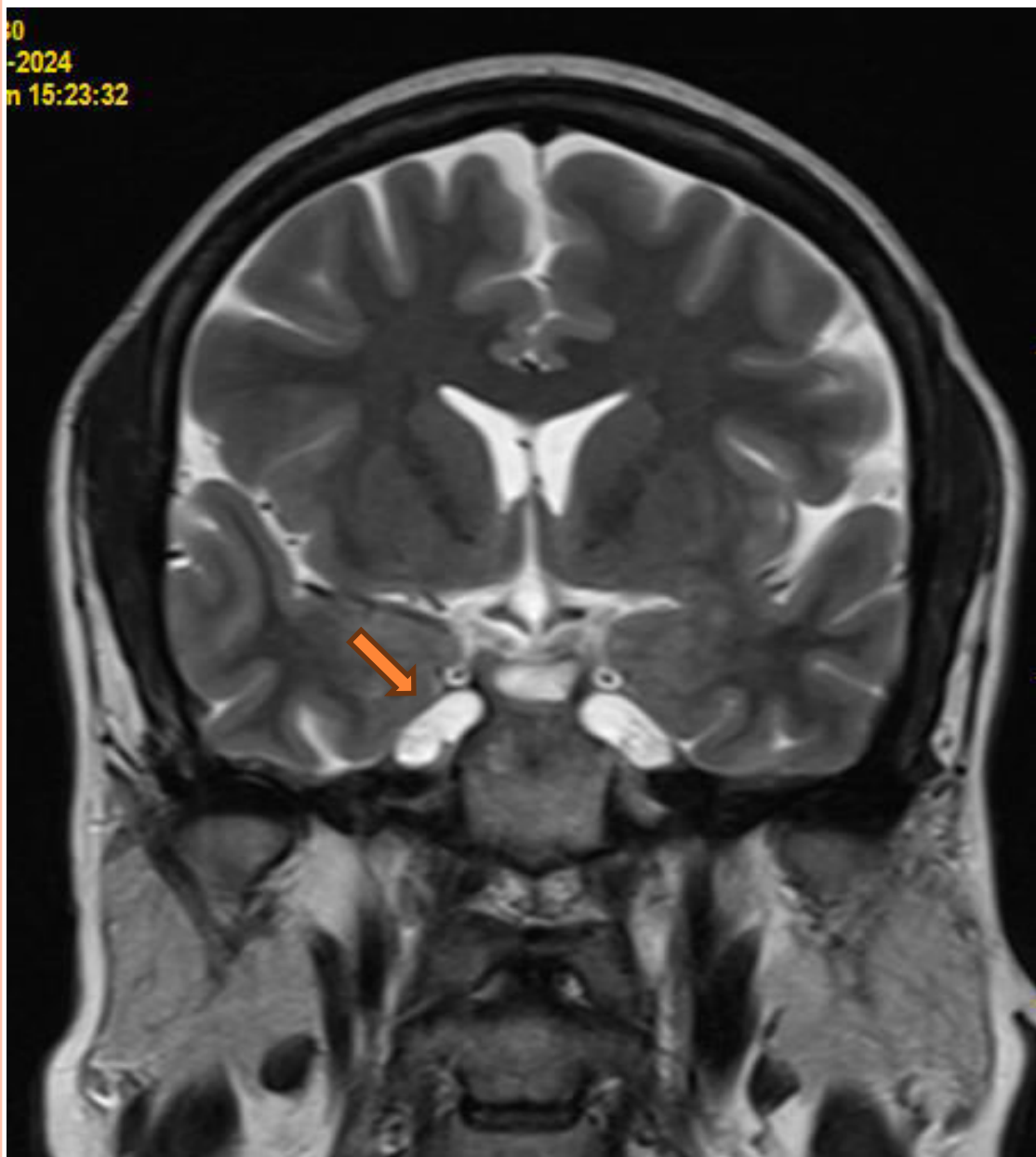




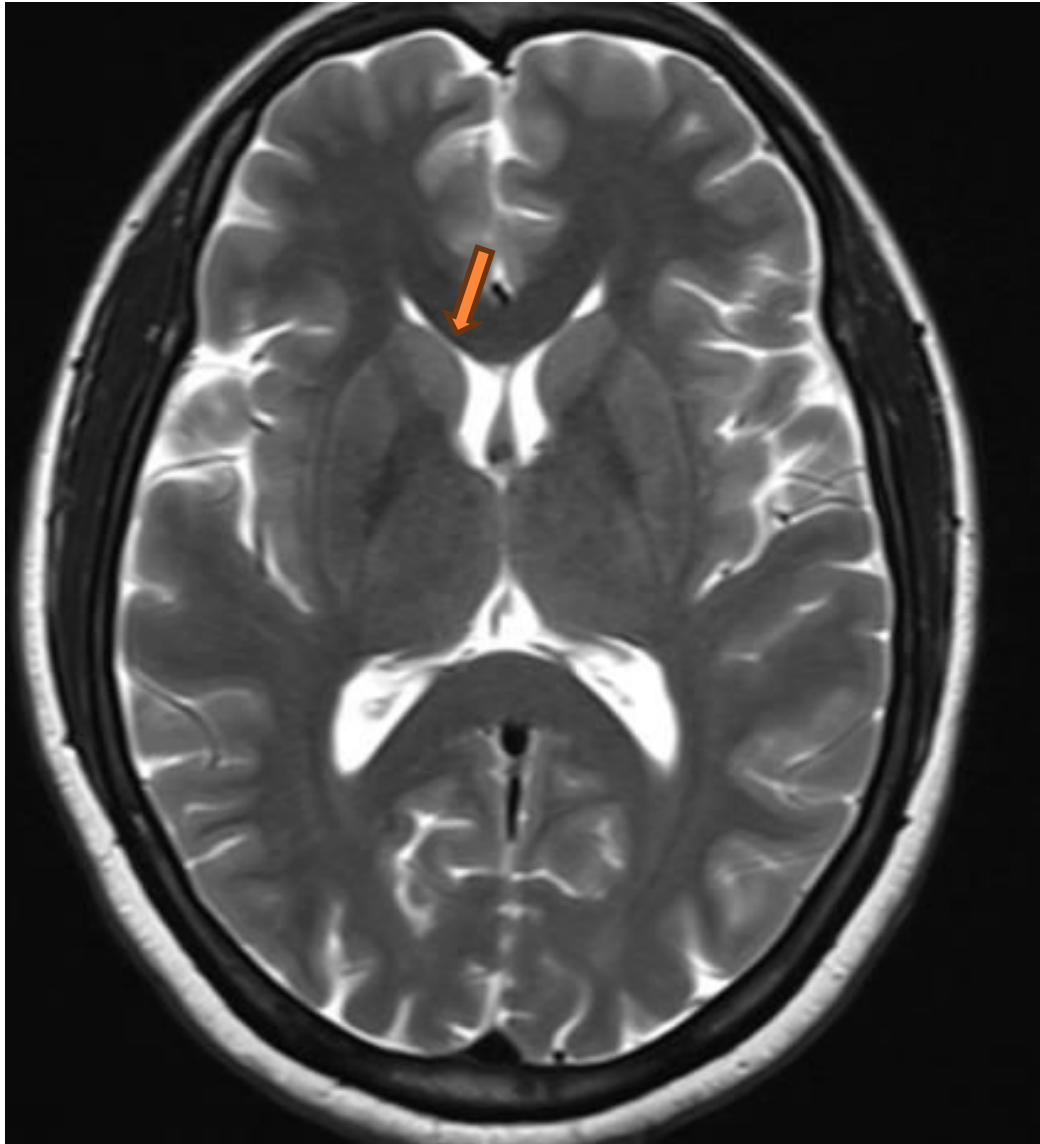




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Prominent Meckel's cave

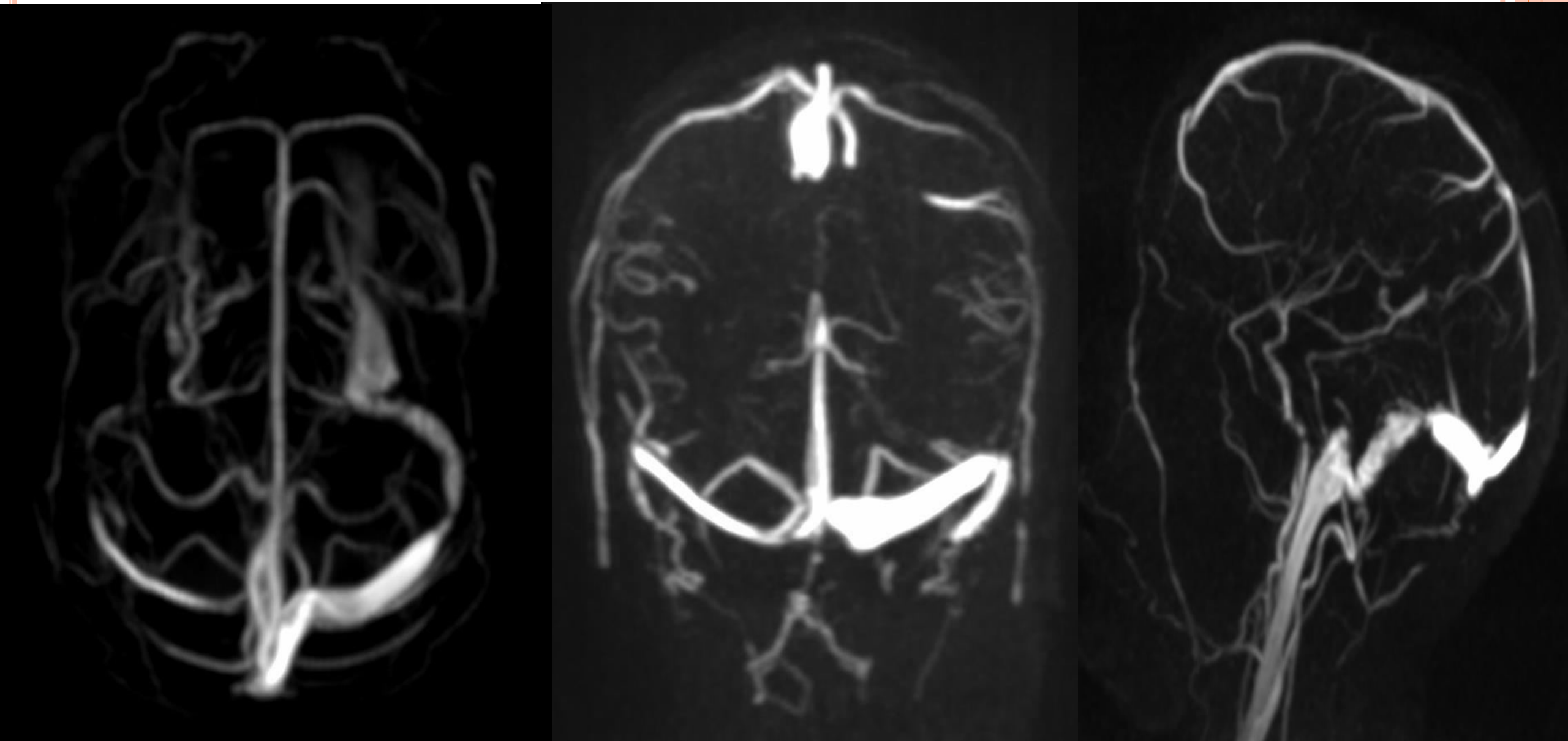


Slit like frontal horns



Partial empty sella

MRI VENOGRAPHY reveals



1024 x 1024
VW: 5927

Tabassum 35Y/F 300



Image size: 1024 x 1024
WL: 3488 WW: 4909

Tabassum 35Y/F 30055 (35 y , 35 y)
Iggmc Ir Neuro
Cerebral DSA



Zoom: 238%
Im: 1/1 Series: 11
JPEG2000LosslessOnly
Position: HFS

08/11/24, 11:59:31 AM
Made In OsiriX

- Dural venous sinuses pressure measurement was done with Meril micro catheter system through 5F H1 catheter by right femoral venous access. .
- **Pressure gradient across the stenosis was 31 mm Hg.** Promesa (Meril) self-expanding stent of size 10 x 80 mm was placed across the left transverse sinus stenosis.

<u>SR NO</u>	<u>LOCATION</u>	<u>LEFT (PRE STENTING) mmHg</u>	<u>LEFT (POST STENTING) mmHg</u>
<u>1</u>	<u>PROXIMAL TO STENOSIS</u>	<u>46</u>	<u>4</u>
<u>2</u>	<u>DISTAL TO STENOSIS</u>	<u>15</u>	<u>5</u>





RESULTS-



There was immediate resolution of lateral rectus palsy and improvement in vision of the patient post stenting.



THANK YOU

