

Pseudotumor Cerebri: Risk Factors And Presentation



PLAY PICMONIC

Increased Intracranial Pressure With Unknown Etiology

High-pressure pot-head with question mark

Pseudotumor cerebri is characterized by increased intracranial pressure with no known direct cause (such as trauma, tumors, or hypoxic injury). There is currently no defined underlying etiology or physiologic process thought to lead to this condition, though the risk factors are well known.

Risk Factors

Women of Childbearing Age

Young women

Pseudotumor cerebri has a propensity to occur in obese women between the ages of 15 and 44. The exact cause for this observation is unknown.

Obesity

Obese-person

Pseudotumor cerebri tends to occur more in obese patients, with one prospective study demonstrating that of 50 patients diagnosed with pseudotumor cerebri, 94% were obese.

Vitamin A Excess

Viking-A

Hypervitaminosis A is a known risk factor for development of pseudotumor cerebri, though the exact cause of this relation is unknown. Excess vitamin A levels are typically acquired through excessive intake from diet, vitamin supplements, or in medications such as isotretinoin or Acutane.

Tetracyclines

Tetris-cycle

Tetracyclines such as doxycycline and minocycline have been linked to cases of pseudotumor cerebri, though the exact mechanism underlying the association is unknown.

Symptoms

Papilledema

Popeye-edamame

Papilledema is considered the hallmark physical exam sign of pseudotumor cerebri. It is typically present bilaterally and is characterized by blurred disc margins on fundoscopic exam.

Headache

Head-egg-lump

One of the most ubiquitously reported symptoms in patients with pseudotumor cerebri is headache, though this is a very non-specific symptom.

Diplopia[Double-vision of eyes](#)

Patients with IIH may experience diplopia or double vision. This is a result of cranial nerve VI (abducens) palsy. The sixth cranial nerve in particular is affected because of its long course through the intracranial space, making it particularly susceptible to the effects of increased intracranial pressure.

Cranial Nerve VI (Abducens) Palsy[Brainstem-guy and 6-abs guy](#)

The diplopia seen in pseudotumor cerebri is caused by a palsy of the sixth cranial nerve, the abducens nerve. Recall that this nerve innervates the lateral rectus muscle which allows abduction, or external rotation, of the eye.

No Altered Mental Status[No sign- delta chips halo](#)

Patients with IIH will characteristically not have mental status changes. This is important in differentiating this condition from other intracranial processes such as tumor, infarction, and infection.