

Idiopathic intracranial hypertension for the ophthalmologist

Optic disc edema can be associated with various optic nerve disorders. Acknowledging the characteristics of different optic neuropathies is the first step to sorting out those patients who have disc edema caused by increased intracranial pressure, i.e. papilledema. When the intracranial pressure is elevated, multiple intracranial disorders need to be excluded. If no obvious cause is found, the definite diagnosis of idiopathic intracranial pressure (IIH) may be determined. Work-up and follow-up of patients with raised intracranial pressure is multidisciplinary. Regardless of the cause, ophthalmologists have an important responsibility in protecting the vision of the patients. The dynamics and combinations of ophthalmological findings, as visual acuity and fields, optic disc appearance and OCT of the peripapillary nerve fiber layer and ganglion cell layer complex, serve as indirect measures of the patients' intracranial pressure. The ophthalmological assessment in patients with IIH also largely determines what medical or surgical treatments need to be offered and the relative urgency to proceed with different therapeutic interventions.