

### **ABSTRACT**

In this study, we aimed to investigate whether the presence of Friedman criteria used in the diagnosis of PTS detected by neuroimaging is always associated with PTS. Sixty patients aged 2-18 years who had undergone neuroimaging were included in the study. Bilateral optic nerve sheath distance, optic nerve tortiosity, and posterior scleral flattening support PTS in our study. However, the presence of neuroimaging findings(Friedman criteria) may not only support PTS.

### **OBJECTIVES**

Pseudotumor cerebri (PTS) is one of the important causes of secondary headache in childhood. In this study, we aimed to investigate whether the presence of Friedman criteria used in the diagnosis of PTS detected by neuroimaging is always associated with PTS.

### **METHODS**

Sixty patients aged 2-18 years who had undergone neuroimaging were included in the study. The patients were divided into 3 groups:Group1 PTS(n=20), Group 2 migraine(n=20) and Group 3 other headaches (n=20). Comparisons were made between the groups in terms of pituitary height, bilateral optic nerve sheath distance, presence of tortuosity in the optic nerve, flattening of the posterior sclera, intraocular protrusion of the optic nerve head, and bilateral transverse sinus stenosis.

### **RESULTS**

The mean BMI of group 1 was higher than the other groups. In group 1, bilateral optic nerve sheath distance was wider, optic nerve tortiosity rate was higher, and posterior scleral flattening rate was higher in group 1 compared to other groups. In addition, the Meckel Cave angle was found to be higher on the right side in Group 1. There was no significant difference between the groups in terms of other parameters.

### **CONCLUSIONS**

Bilateral optic nerve sheath distance, optic nerve tortiosity, and posterior scleral flattening support PTS in our study. However, the presence of neuroimaging findings(Friedman criteria) may not only support PTS. Clinical findings must be taken into account in the diagnosis of PTS and other group headaches.

-Friedman DI, Liu GT, Digre KB. Revised diagnostic criteria for the pseudotumor cerebri syndrome in adults and children. Neurology. 2013;81:1159-65.

-McKiernan SP, DiFazio MP: Index of suspicion. Case 3. Diagnosis: infantile pseudotumor cerebri. Pediatr Rev 2001

-Kohli AA, Vossough A, Mallery RM, et al. Magnetic Resonance Imaging Findings in Pediatric Pseudotumor Cerebri Syndrome. Pediatr Neurol. 2019;99:31-39. doi:10.1016/j.pediatrneurol.2019.04.010