A rare dual pathology:
Idiopathic intracranial hypertension presenting with isolated unilateral facial nerve palsy

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INTRODUCTION

Pediatric idiopathic intracranial hypertension (IIH) is characterized by increased intracranial pressure in the absence of an identifiable secondary structural (e.g. intracranial space-occupying lesion, meningeal inflammation, or venous occlusion) or systemic cause. The pathogenesis is unclear.

IIH has an annual incidence of 0.9/100,000 persons. Adolescents with IIH may be obese. Female gender and obesity in prepubertal children are not considered risk factors for IIH (1).

Symptoms of the disease are subacute onset headache, pulsatile tinnitus, vertigo, transient blurred vision, vision loss, photopsia, retrobulbar pain, and double vision, which may be due to cranial nerve VI paresis (2).

Imaging methods are necessary before lumbar puncture (LP) for diagnosis.

OBJECTIVES

We aimed to present a case of IIH and isolated complete unilateral facial nerve palsy and, as it is rare.

METHODS

The clinical, laboratory and imaging features of the patient who was diagnosed with IHH were evaluated.

RESULTS

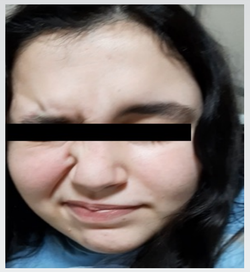

Fig. 1: Left-sided peripheral facial paralysis findings

A 17-year-old woman with a history of obesity presented blurred vision and global headache with morning exacerbation for two weeks.

Clinical findings revealed to left-sided facial nerve palsy for three days (Fig. 1).

Neurological examination including other cranial nerves was normal

Fundus examination revealed bilateral grade II papilledema

Neuroimaging showed tortiosed appearance in the bilateral optic nerve and flattening on the posterior surface of the globe (Fig. 2). Except for these findings, brain and orbital MRI were normal.

CSF opening pressure at lumbar puncture was 53 cmH2O, and CSF biochemical and cytological examinations were normal.

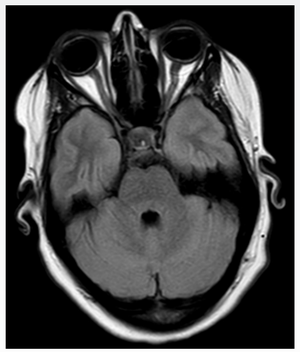

Fig. 2: Bilateral optic nerve tortiosity in T1-weighted axial MRI scan

Acetazolamide and methylprednisolone treatments were started.

In three days, there was a dramatic improvement in her complaints and facial nerve palsy.

The patient with a body mass index (BMI) of 35 was given diet therapy for obesity.

CONCLUSIONS

Idiopathic intracranial hypertension is a diagnosis of exclusion.

We applied the Modified Dandy diagnostic criteria for IHH.

Peripheral facial palsy is an extremely rare condition in IHH. An adult case with a diagnosis of IHH who presented with similar clinical findings was reported in the literatüre (3).

Addition of corticosteroids to initial treatment with acetazolamide should be considered before intracranial hypertension or ophthalmologic findings worsen.

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