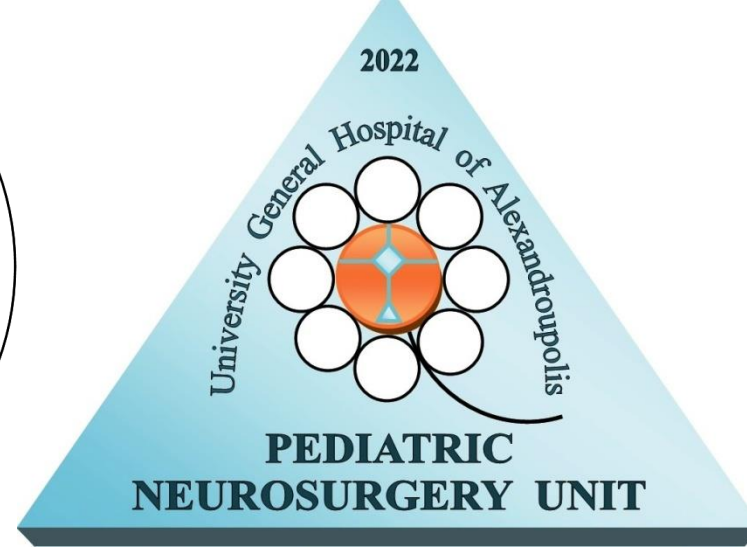
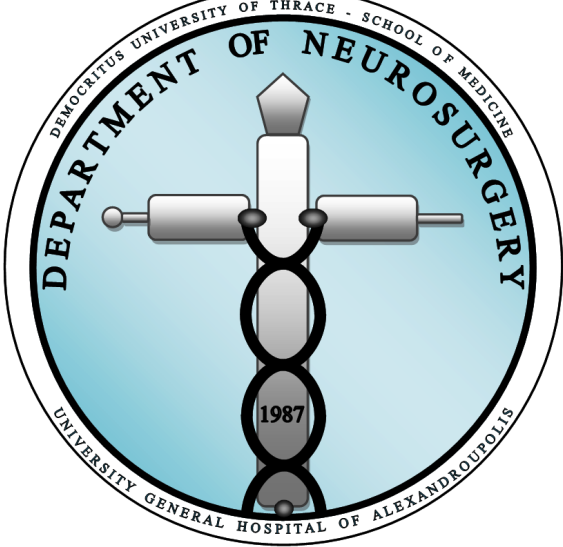


INFANTILE IDIOPATHIC INTRACRANIAL HYPERTENSION WITHOUT PAPILLEDEMA FOLLOWING ROSEOLA INFANTUM INFECTION: AN UNCOMMON CAUSE OF A RARE CONDITION

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OBJECTIVE

36th Annual Congress of the
Hellenic Neurosurgical Society
& Joint Meeting with the
Italian Society of Neurosurgery (SINch)
German Society of Neurosurgery (DGNC)
Cyprus Neurosurgical Society
& **16th** Annual Neurosurgery
Nurses Meeting

- We aimed to report an infant with idiopathic intracranial hypertension (IIH) without papilledema (IIHWOP) following viral infection and review the available literature regarding this rare disease.

MATERIAL - METHOD

- A 2-year-old boy was presented to our clinic with a 6-month history of recurrent episodes of variable irritability, nocturnal vomiting, crying, fatigue, sleepiness, anorexia, headache and sometimes fever, following a roseola infantum infection.
- His parents reported multiple hospitalizations with numerous investigations but no neurological, laboratory or imaging abnormalities (**Figure 1**).
- His intracranial pressure measurements reached up to 34 mm Hg, although without papilledema.
- After diagnosis of IIH (in accordance with the modified Dandy's criteria), he was treated with totally 4 lumbar punctures (LP) in combination with acetazolamide, prednisolone and topiramate.

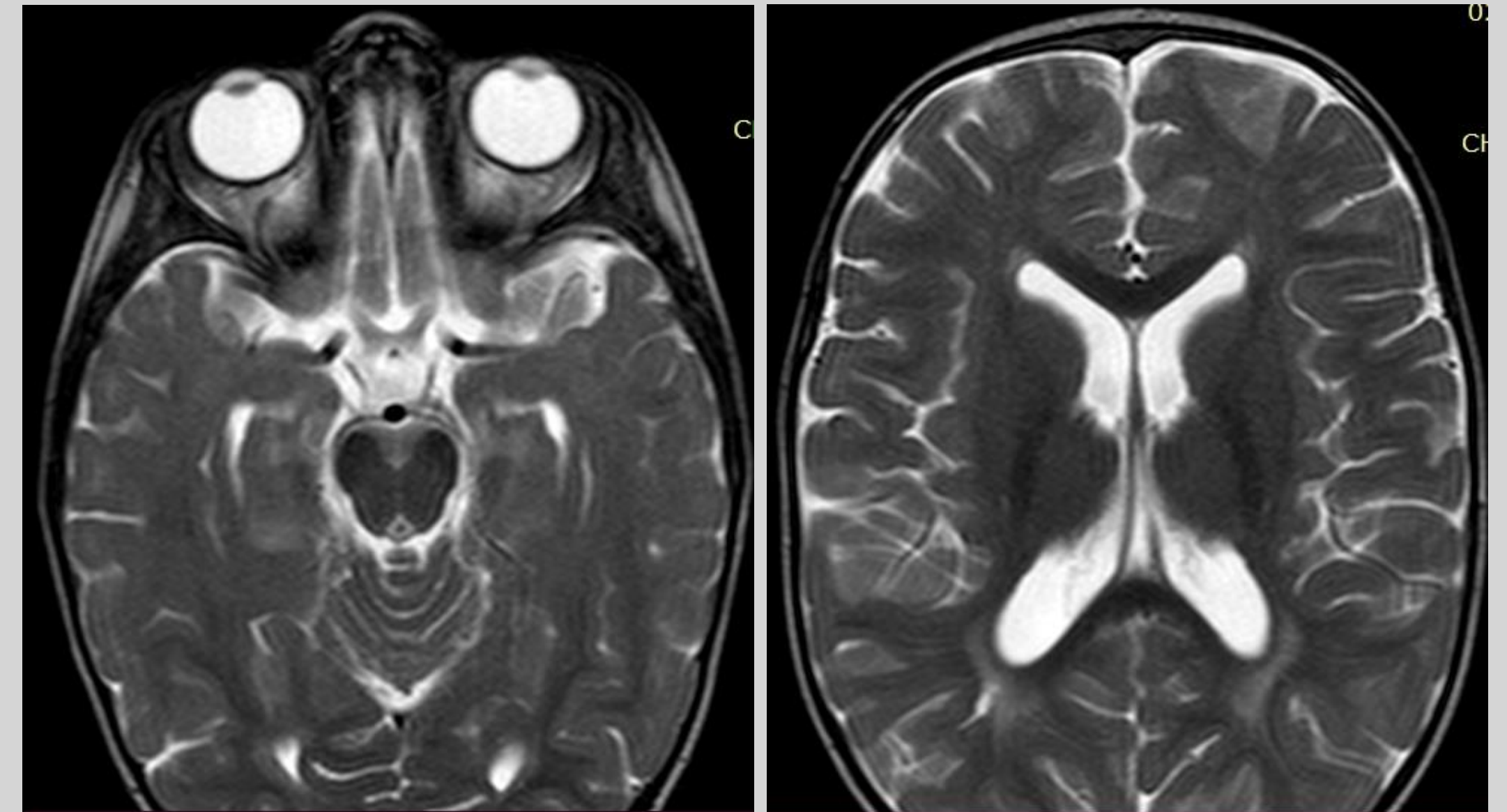
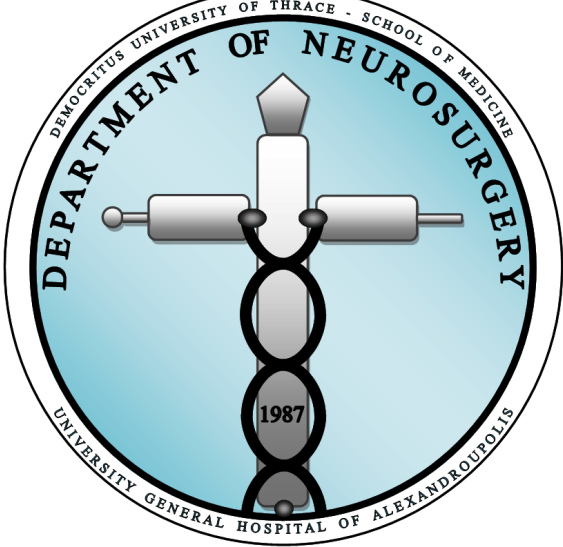


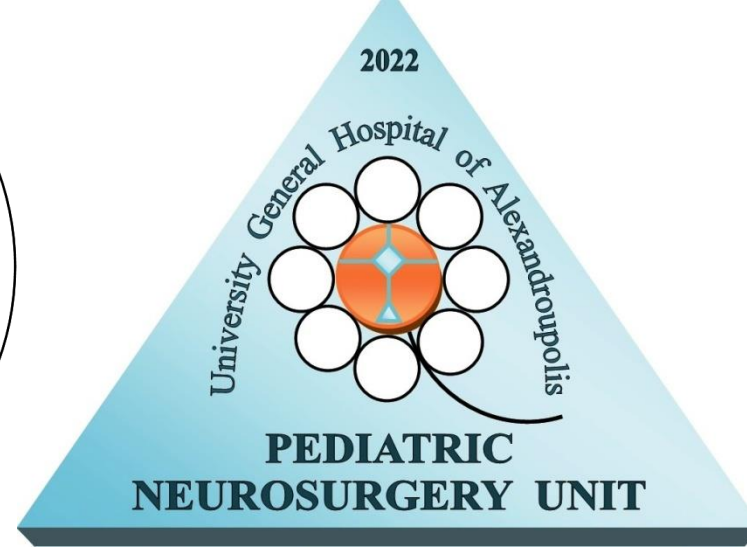
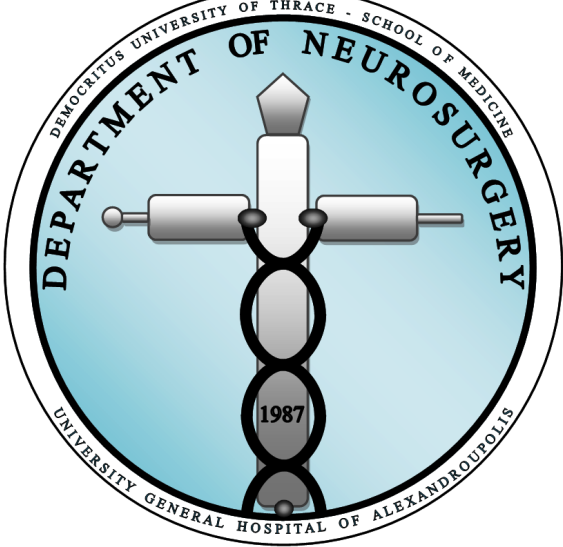
Figure 1: Magnetic resonance images, T2- weighted sequence, of our patient. Transverse sections at the level of the temporal horns of the lateral ventricles (left) and at the level of the frontal horns of the lateral ventricles (right).



RESULTS



- IIH has been described in at least 56 cases of infants, with the majority (63%) being IIHWOP.
- Among infants with IIHWOP, 54% were related to viral illness and 26% of them to roseola infantum specifically.
- There is currently no consensus whether to use the modified Dandy's or newer Friedman's criteria to diagnose IIHWOP in pediatric patients.
- In cases where LP didn't relieve symptoms, mainstay treatment was acetazolamide, with corticosteroids and/or topiramate as adjunctive therapy.
- All cases in the literature had favorable outcome. In our case we suggested a tapering scheme of his medication to prevent relapsing.



CONCLUSION

- Viral illness can cause the seldom infantile form of IIHWOP.
- IIHWOP related to roseola infantum infection represents 9% of infantile IIH cases.
- It is important to recognize such cases as treatment is available.

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