

Spontaneous intracranial hypotension

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A 55-old-female was admitted to the Department of Neurology because of diffuse headache, tinnitus in the right ear, stiff neck and vomiting, persisting for one month with various intensity. Magnetic resonance imaging (MRI) of the brain showed a smooth uniform pachymeningeal uptake of contrast (Fig. 1) and subdural collection of fluid (Fig. 2). Cerebrospinal fluid (CSF) analysis showed mild

lymphocytic pleocytosis (34/3) and elevated protein level (1.44 g/L). Based on the results of these findings, the diagnosis of spontaneous intracranial hypotension (SIH) was established. The incidence of SIH is about 5 per 100 000 population. This syndrome is a result of CSF leakage due to a tear in the dura, most frequently where spinal roots leave the subarachnoid space. Even trivial trauma of the cer-

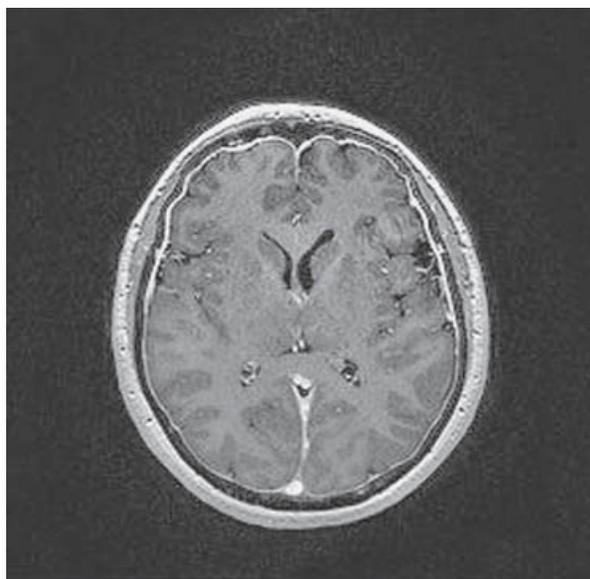


Fig. 1. Axial contrast enhanced T1-weighted MRI shows diffuse bilateral meningeal enhancement.

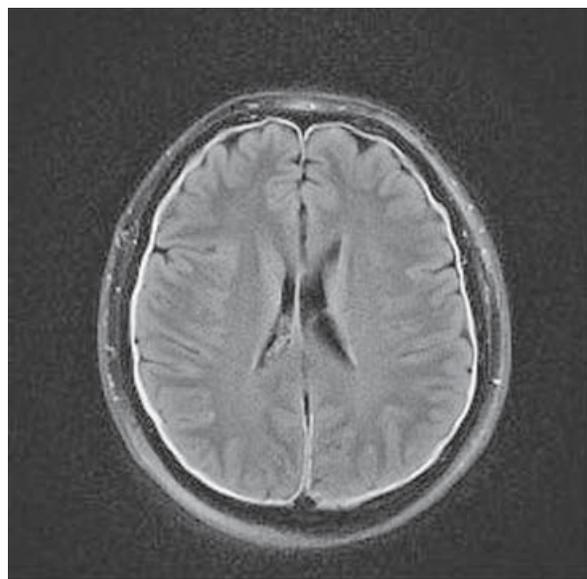


Fig. 2. Axial FLAIR MRI shows mild diffuse bilateral thin layer of subdural effusion.

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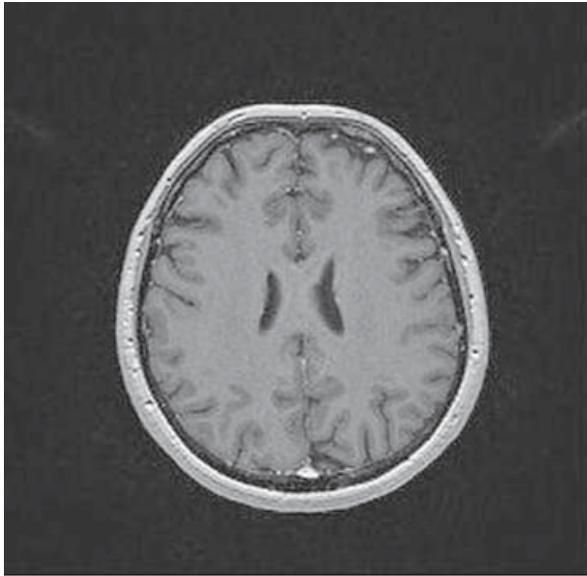


Fig. 3. Control axial contrast enhanced T1-weighted MRI shows normal findings.

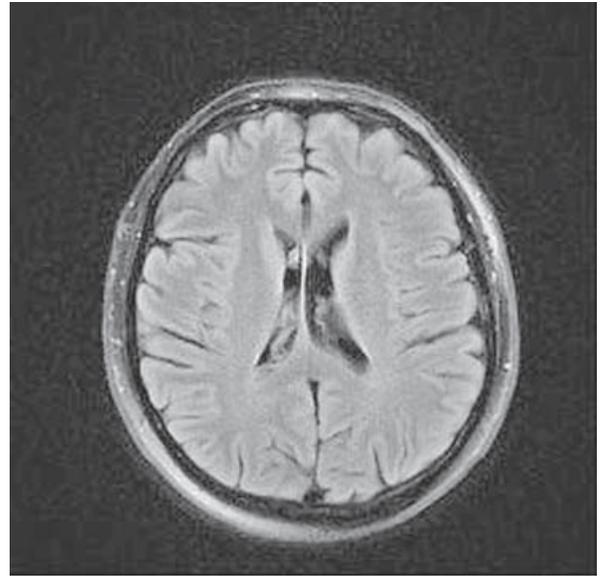


Fig. 4. Control axial FLAIR MRI shows normal findings.

vical spine may precipitate intracranial hypotension. If this does not heal with bed rest, an epidural blood patch or percutaneous injection of fibrin glue may be applied. Our patient was treated conservatively and there was complete regression of clinical symptoms and improvement of MRI findings after 4 months (Figs. 3 and 4). Since the introduction of MRI in the diagnostics of headache, SIH has been increasingly diagnosed as an uncommon cause of headache.

R E F E R E N C E

1. Gordon N. Spontaneous intracranial hypotension. *Dev Med Child Neurol* 2009;51:932-5.

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