

The Survey of the diagnostic challenges of spontaneous intracranial hypotension

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Introduction: The diagnostic criteria consist of A, orthostatic headache; B, the presence of at least one of the following: low opening pressure (≤ 60 mm H₂O), sustained improvement of symptoms after epidural blood patching, demonstration of an active spinal cerebrospinal fluid leak, cranial magnetic resonance imaging changes of intracranial hypotension (eg, brain sagging or pachymeningeal enhancement); C, no recent history of dural puncture; and D, not attributable to another disorder. In this review, we point out the most important diagnostic challenges and misconceptions of spontaneous intracranial hypotension.

Methods: Researchers reviewed 482 studies related to SIH and presented their findings in a narrative review article. They reduced their value and importance 10 challenges and misconceptions that We briefly mention five of them.

Results:

- SIH is defined by low CSF pressure. Although low CSF pressure is common in patients with SIH, normal pressure may be found in patients with SIH and therefore should not rule out the diagnosis.
- SIH is always characterized by orthostatic headache.
- A negative brain MRI excludes SIH. Although MRI imaging is important in the diagnosis of SIH, a negative brain MRI should not rule out the diagnosis of SIH, and further tests with spinal imaging should be performed.
- Patients with dural enhancement should be monitored for meningitis.
- Imaging of the spine rarely shows a SIH leak.

Conclusion: Although SIH diagnosis criteria have been proposed, we should always consider the above diagnostic challenges.

Keywords: spontaneous intracranial hypotension, criteria, diagnostic challenges