

Sir,

Neuro-ophthalmological features of cerebral venous obstruction

Permit us to share with your numerous subscribers and readers our experience on some features of cerebral venous obstruction (CVO) and idiopathic intracranial hypertension (IIH) (pseudo tumour cerebri) which can be used as a differentiating feature. In the last 2 years, we have encountered four patients with superior sagittal sinus thrombosis (SSST), all of whom had severe photophobia in addition to the dramatic onset of headache, diplopia (esodeviation), and papilloedema. All the 4 patients were confirmed to have SSST by MRI and angiographic studies. None of these patients had pyramidal weakness in any limb or convulsive seizures. Three of them had diplopia (esodeviation) due to abducens palsy. None of the patients with IIH, that we have seen so far, complained of photophobia, even though they had all other features of raised intracranial pressure as patients with SSST. SSST is a recognized cause of pseudotumor cerebri [1,2]. Purvin and collaborators alluded to three clinical profiles that are related to the mechanism of obstruction. The first of such profiles is sudden and severe headache, diplopia (esodeviation), and marked papilloedema in patients suffering from intrinsic sagittal or lateral venous sinus thrombosis. Such dramatic presentation they concluded should allow differentiation from IIH. In view of our observation, we would like to add photophobia as a differentiation feature. This is an unusual presentation in IIH. We are not aware that photophobia has previously been observed in patients suffering from cerebral sinus thrombosis.

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