

## **SC116. Spontaneous Intracranial Hypotension: clinical characteristics and treatment in 23 patients**

Nagel, Vanesa<sup>1</sup>, Bonamico, Lucas<sup>1</sup>, Perez, Adriana<sup>1</sup>, Goicochea, Maria Teresa<sup>1</sup>

1.- Headache Service. Department of Neurology. Fleni. CABA, Argentina

### **Introduction**

Spontaneous Intracranial Hypotension is caused by cerebrospinal fluid (CSF) leakage without traumatic cause in the previous month. Orthostatic headache is the most common symptom. Brain Magnetic Resonance Image (MRI) usually shows suggestive signs. The initial treatment is based on conservative measures: rest at 0 degrees, hydration and caffeine. Sometimes it is necessary to perform blood patches or surgery.

### **Objectives**

To analyze clinical characteristics, complementary studies and treatments performed on patients diagnosed with spontaneous intracranial hypotension in a headache service in Argentina.

### **Materials and Methods**

Descriptive, retrospective study. We reviewed the electronic medical records of patients diagnosed with Spontaneous Intracranial Hypotension evaluated between 01/2012 and 03/2021 in our headache service. Conservative measures and rest at 0 degrees for at least 48 hours were indicated in all cases. Sex, age, type of headache, time to diagnosis, other symptoms, complementary studies, treatment and response at first and sixth month of treatment were considered.

### **Results**

23 patients (56% women) were evaluated. Mean age was 59 years. Time to diagnosis 51 days. 83% of the patients manifested orthostatic headache. 91% has at least other symptom: nausea and vomiting (52%), photophobia and/or phonophobia (52%) and neck pain (30%). 86% of brain MRI showed indirect signs, with pachymeningeal enhancement being the most frequent (95%), followed by tonsillar descent (30%), reduction of pretruncal cistern (30%), subdural hematomas (30%) and hygromas (30%). In 4 cases the site of CSF leak was detected (2 in MRI and 2 in myeloTC). 6 patients were treated only with conservative measures. Of these 4 were pain-free after a month of treatment (1 of whom recurred after 6 months). 17 required at least 1 blood patch. Of these 12 evolved without headache at one month (5 of whom recurred at 6 months). 1 patient required surgery to close the fistula.

### **Conclusions**

In this cohort orthostatic headache was the most frequent symptom in Spontaneous Intracranial Hypotension, although a percentage of patients may lack it. In most cases brain MRI showed indirect signs, although a normal study does not exclude the diagnosis. Treatment can be challenging, as a significant proportion of patients remain symptomatic at 6 months, even after blood patching. The delay in diagnosis decreases

the chances of a successful treatment. Identifying the CSF leakage is important, since targeted treatment could be more effective.