

# Spontaneous Anterior Cerebrospinal Fluid Fistula as a variant of Idiopathic Intracranial Hypertension

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## Introduction and objectives

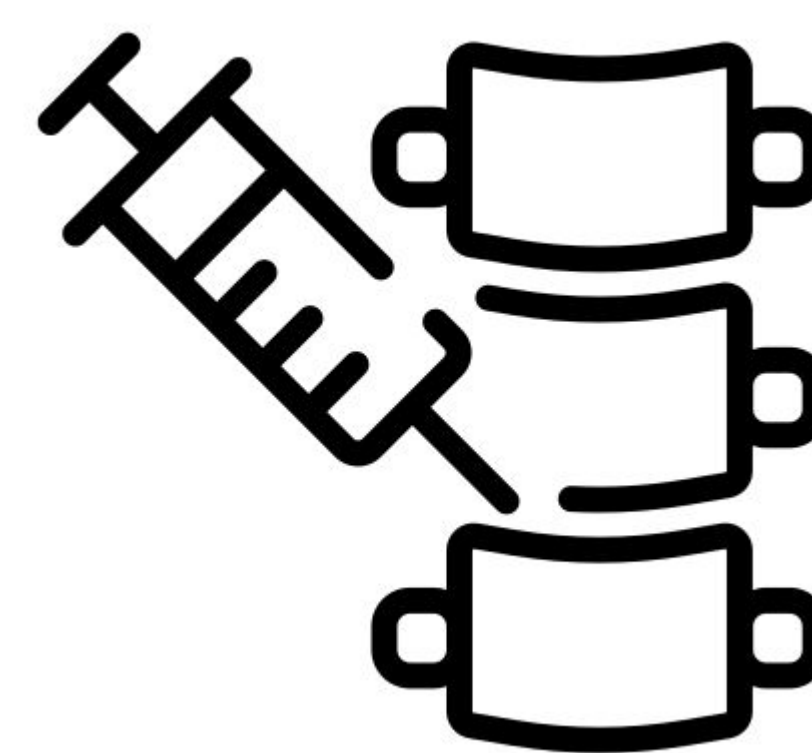
Spontaneous anterior CSF fistula (SAF) has been reported as a manifestation of intracranial hypertension (IIH). Here we aim to describe their clinical characteristics.

## Methods

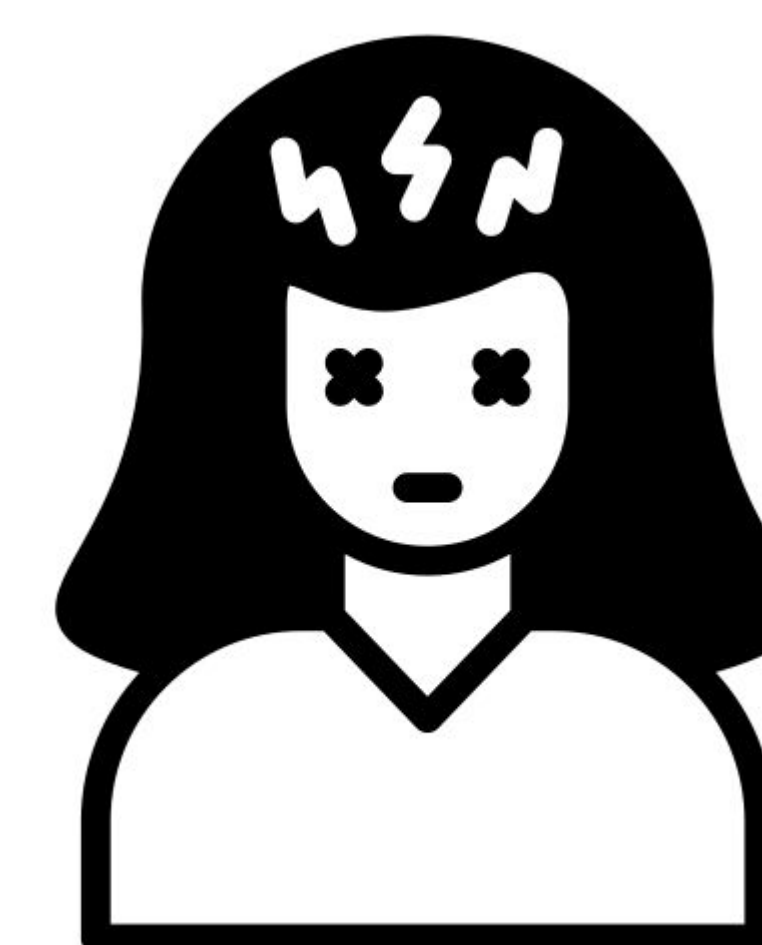
Retrospective review of patients with SAF between 2016 and 2024 in a headache center in Mexico. Only patients without a potential secondary cause were included. A clinical diagnosis of IIH was suspected even if the opening pressure did not reach the classical cutoff of 250 mmH<sub>2</sub>O, as long as the clinical picture resembled IIH

## Results

Twenty-two female patients were included. The mean BMI was 33.1, with a mean age at onset of 42 years. The exact location was found in seven patients, four of them in sphenoid bone



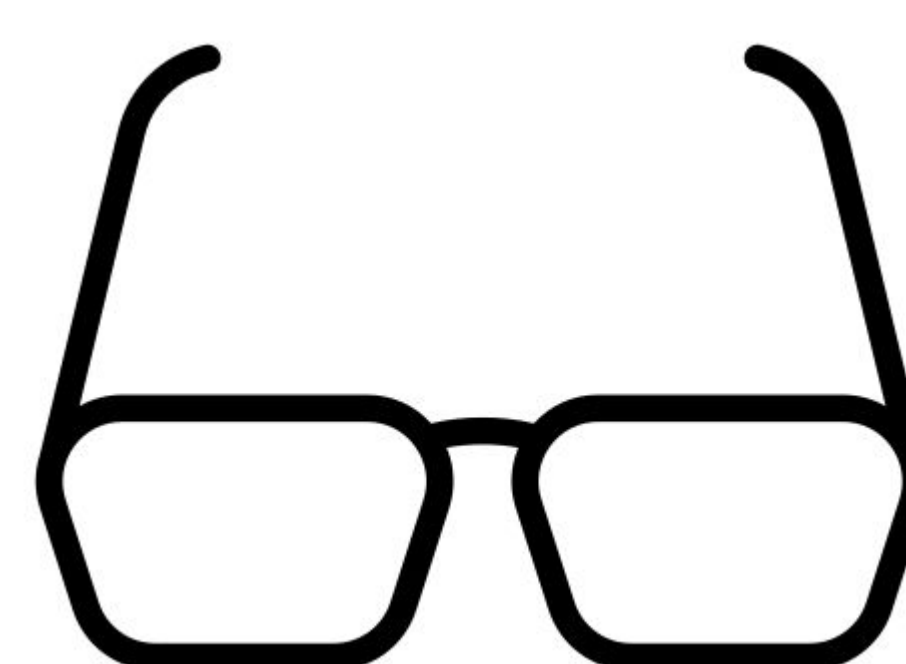
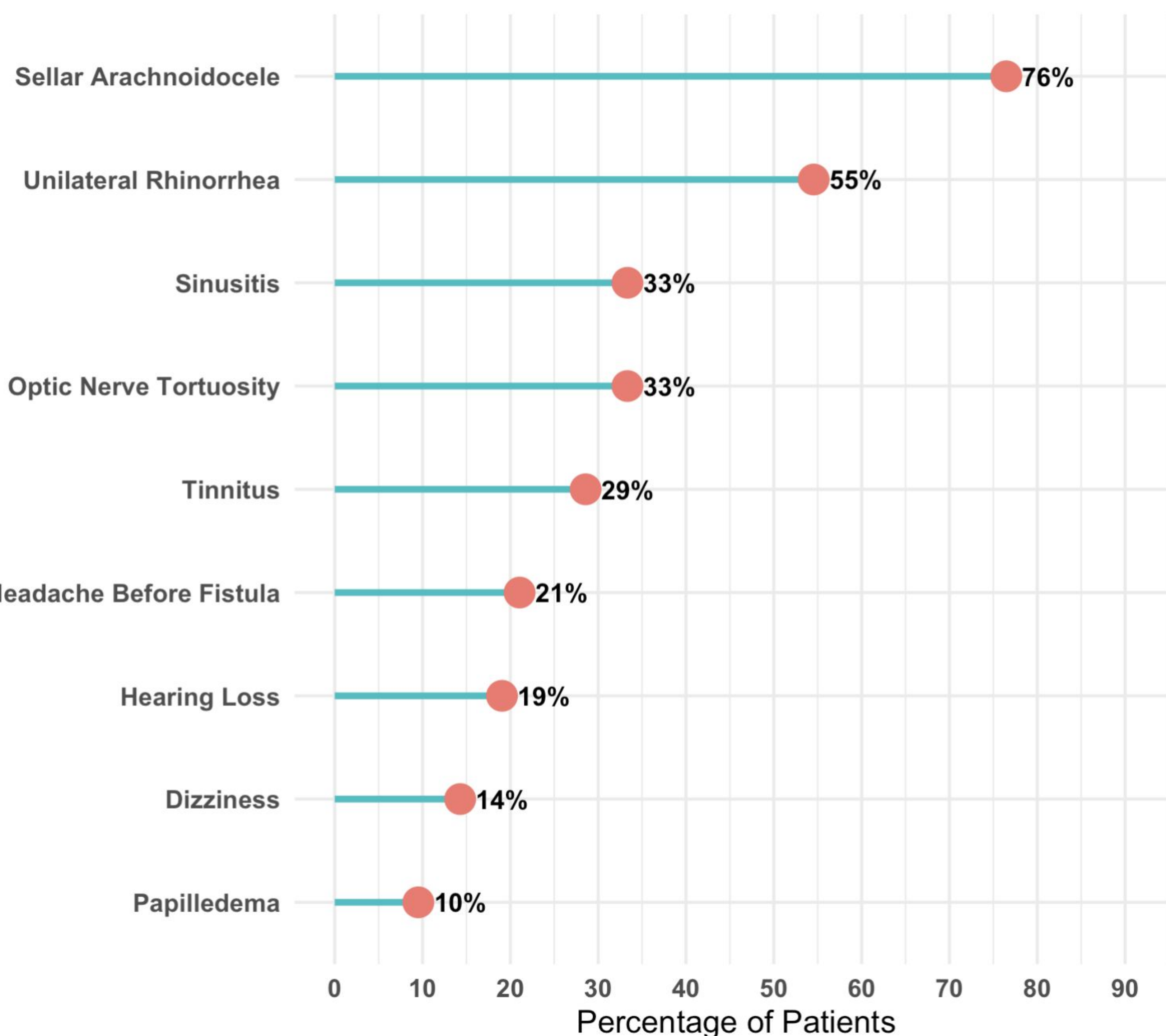
**Opening pressure**  
At diagnosis 236 mmH<sub>2</sub>O  
At six months 231 mmH<sub>2</sub>O



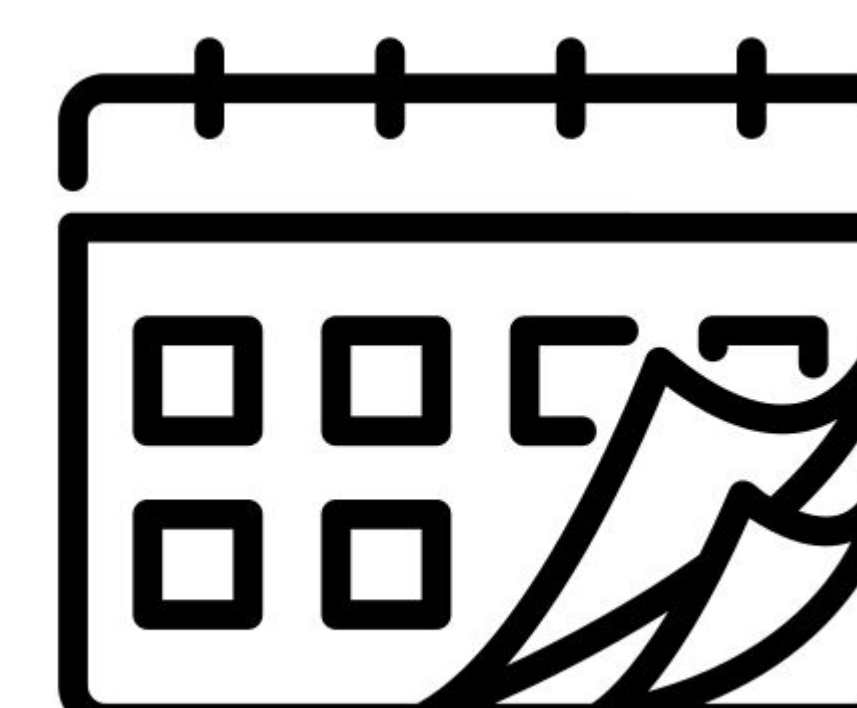
### Headache

Tension type 40%, migraine like 31%  
Intensity 7/10  
Monthly headache days 7

Clinical Features of Spontaneous CSF Fistula



**Visual acuity**  
Mean: 20/40  
30% with ≤ 20/100



### Evolution

Spontaneous recurrence in 22%  
Mean time to recurrence 36 months  
95% used acetazolamide

## Conclusions

Some patients with SAF may present with a clinical picture resembling IIH. The opening pressure used to be lower, which could be due to a pressure-release mechanism associated with the SAF.