Summary and Conclusion

Idiopathic intracranial hypertension (***IIH)*** is a is a multifocal syndromes characterized by severe headache, nausea , vomiting , transient visual obstruction and diplopia . Idiopathic intracranial hypertension ***(IIH***) is terminology used when there is increased intracranial tension and there is no underlying etiology is detected.

Diagnosis is based on triad of (1) Papilloedema (2) Elevated intracranial pressure with normal cerebrospinal fluid (CSF) constituency and (3) Normal central nervous system (CNS) imaging.

Papilloedema from ***IIH*** can cause severe loss of visual acuity and visual field with optic neuropathy. This manifest in the beginning as peripheral field defect then deterioration of visual acuity and if left untreated it may lead to optic atrophy and complete visual loss.

Treatment of ***IIH*** involves various maneuvers to lower intracranial pressure (ICP) including medical and surgical treatment. Many surgical procedures were used to treat this disease entity including subtemporal decompression, lumboperitoneal shunts and peripheral flaps.

However, visual loss was recorded in many cases after a successful neurosurgical shunting procedure , it was proven that loss can happen with functioning shunting procedures.

It is believed that visual loss is due to factors in the orbital part of the optic nerve sheath and so surgery to treat visual loss should be directed towards the possible site of nerve damage rather than lowering the ICP.

Optic nerve sheath decompression ***(ONSD***) seems to be safe procedure and therapeutic options in the management of raised ICP complicated by optic neuropathy and sever visual loss.

ONSD surgery relieves local CSF pressure on the optic nerve. Progressive loss of visual function associated with ***IIH*** can be reversed or stabilized with ***ONSD*** surgery. This procedure is simple without great morbidity and with very low rate of complications and also has long term stability of results.