Introduction

Idiopathic intracranial hypertension ***(IIH)*** or pseudotumor cerebri ***(PTC)*** is a syndrome of obscure origin first described by ***Quincke in 1897. Nonne*** in ***1904*** called it pseudotumor cerebri . ***Dandy,1937*** cited criteria for diagnosis which modified by ***Wall, 1991***

Intracranial hypertension ***(IIH)*** is a multifocal syndrome characterized by severe headache, nausea, vomiting , transient visual obstruction and diplopia . Idiopathic intracranial hypertension ***(IIH)*** is terminology used when no underlying etiology is detected ***(Friedman, 1999).***

Severe visual loss is the only significant complication of ***IIH*** . The natural history of visual loss due to chronic papilloedema is of early visual field loss with loss of acuity occurring later. Intractable headache and visual loss are indications for treatment ***(Friedman, 1999).***

Failure of conservative management to prevent progressive visual loss is an indication for surgery which include optic nerve sheath decompression ***(ONSD)*** or cerebrospinal fluid (CSF) shunting procedures ***(Friedman, 1999).***

Progressive visual loss in the presence of a functioning shunt is documented. Therefore, a direct approach to the distal optic nerve by ***ONSD*** is an attractive option in these cases ***(Kelman et al., 1991).***

Such a procedure on the optic nerve sheath was thereafter forgotten for 90 years until when ***Sohan Singh Hayerh*** employed the technique on monkeys to demonstrate that papilloedema due to raised intracranial pressure could be relieved by reducing the CSF pressure within the subarachnoid space of the optic nerve ***(Hayerh, 1964).***

Davidson reported five patients with papilloedema on whom unilateral optic nerve sheath decompression was performed through a lateral orbitotomy ***(Davidson, 1969).***

In 1969, Smith and his associates approached the optic nerve sheath through the conjunctiva from the medial side after performing orbitotomy to allow lateral retraction of the globe ***(Smith, 1969).***

In 1974, Burde and his associated reported dramatic reversal of visual deficit in a case of *pseudotumor cerebri* with uncontrolled raise of intracranial tension, papilloedema and visual loss, following bilateral optic nerve sheath decompression. They commented that although the operation is technically less difficult with the optic nerve sheath expanded by increased CSF, the risk of general anaesthesia are increased, they suggested that operation may be attempted under local anaesthesia (***Burde, 1974).***

Since then there have been increasing evidence on the efficacy of ***ONSD i***n improving or preserving vision in patients with intracranial hypertension, especially ***IIH (Banta and Farris, 2000).***

Optic nerve sheath decompression is an effective safe procedure to improve or stabilize vision in patient with visual loss caused by ***IIH*** and CVT ***(Nithyanadam rt al., 2008).***