

## In Pseudotumor Cerebri, Hormonal Contraception is Not Associated, and the Diagnosis Remains Idiopathic Intracranial Hypertension



EDITOR:

WE CONGRATULATE KILGORE AND ASSOCIATES<sup>1</sup> ON THEIR retrospective, population-based, case-control study that showed that hormonal contraceptives, particularly the oral contraceptive pill (OCP), are not associated with idiopathic intracranial hypertension (IIH). This means that obese young women who are losing visual acuity and visual field because of IIH do not need to abstain from the OCP as an effective and safe method of contraception.

Kilgore and associates<sup>1</sup> admit that their study results oppose much of the previous literature. However, they did not exclude coagulopathies, which is vital because the World Health Organization warns that the OCP in this environment is associated with an unacceptable health risk.<sup>2</sup>

Kilgore and associates<sup>1</sup> are concerned that because the OCP and IIH are not causally associated, the investigation of a specific etiology may not be pursued. The patient with IIH has, by definition, an idiopathic condition. As in all medicine, it becomes challenging to treat a disorder simply based on a diagnosis (IIH) rather than by managing the underlying etiology.

Furthermore, Kilgore and associates<sup>1</sup> point out that in an idiopathic condition (references 1, 4, 6, 16, 18, 19, 21, and 40 in their article) many clinicians, including neurologists, ophthalmologists, and neuro-ophthalmologists, persist in seeking a cause of IIH.

Historically, an early term for IIH was benign intracranial hypertension, which was duly abandoned because patients could progress to blindness from their bilateral optic disc edema. Halmagyi and associates<sup>3</sup> reported 37 underlying, often sinister yet potentially treatable causes of IIH and clearly favored the term pseudotumor cerebri (PTC). These causes included stenotic occlusions or metastatic invasion of the intracranial venous sinuses,<sup>3,4</sup> associated coagulopathies,<sup>3</sup> and otitic hydrocephalus.<sup>3</sup> Accordingly, PTC is also the authors' preferred term.

Consequently, Kilgore and associates<sup>1</sup> consider that the patient should be given a diagnosis of IIH only when all underlying etiologies, after appropriate investigations, have been excluded, thereby permitting the best patient management.

As of February 6, 2019, a MEDLINE literature search found that the term IIH was referenced 4674 times, with

the earliest reference on otitic hydrocephalus being from 1949.<sup>5</sup> The latest reference on IIH from India<sup>6</sup> concluded that obesity may not be markedly associated, contrasting the North American, Australian, and European experiences.

Similarly, a MEDLINE search of PTC indicates that it was used on 3914 occasions. It is instructive that the earliest and the latest references on PTC are identical to those of IIH.<sup>5,6</sup> Therefore, it appears that MEDLINE considers the terms PTC and IIH to be synonymous.

Kilgore and associates<sup>1</sup> consider this to be incorrect and therapeutically unhelpful. This is because PTC is recognized to have a definite etiology that after a diagnosis can be managed for the individual patient's benefit.<sup>3</sup> In contrast, IIH implies that the patient's physician considers that no definitive or specific treatable cause has been found, potentially delaying management.

In dermatology, a fibroma has long been regarded as the diagnosis of the diagnostically destitute. Kilgore and associates<sup>1</sup> consider that this is analogous to the diagnosis of IIH—by definition, the etiology is unknown until the appropriate investigations have been performed.

BRENDON W.H. LEE  
FIONA S. LAU  
IAN C. FRANCIS  
Sydney, Australia

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