Consumption of minocycline have been described among the causes associated with idiopathic intracranial hypertension ¹⁾.

Severe pseudotumor cerebri developed in 2 nonobese patients taking minocycline. Their disease required further treatment even upon drug discontinuation because of visual field loss and papilledema.

Minocycline-associated pseudotumor cerebri is not always a self-limited condition and may require aggressive medical or surgical management ²⁾.

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Case series

Four cases of benign intracranial hypertension (BIH) associated with minocycline therapy are described. All subjects were young women being treated for acne. The durations of therapy from the onset of minocycline treatment until the diagnosis of BIH was made were 25 days, 4 weeks, 4 months and 18 months. Headache was severe in all cases. Two had intermittent visual obscurations. Papilloedema was present in each case. CT brain scans did not show any focal abnormalities other than the presence of small ventricles. Cessation of minocycline reversed the disease process though the resolution was much slower in the patient with the longest history of minocycline intake. One subject still had persisting lower nasal quadrantic field loss 6 months after cessation of minocycline. In each case the diagnosis of benign intracranial hypertension related to minocycline was not made by the primary referring doctor, indicating the need for increased awareness of this cause of headache ³.

Case reports

1993

A 16-year-old girl developed headaches and bilateral papilledema while taking minocycline for acne. The initial neuro-ophthalmologic evaluation was normal except for enlarged blind spots OU. An MRI scan demonstrated subtle abnormalities. A lumbar puncture was entirely normal except for an increased opening pressure. A tentative diagnosis of pseudotumor cerebri was made and the patient was treated with Diamox. A second MRI was unchanged, and a lumbar puncture performed while the patient was taking Diamox was entirely normal. The patient subsequently lost vision in both eyes, and a third MRI now revealed a supracellar enhancing mass. Biopsy and subtotal resection of the mass showed it to be a glioblastoma multiforme. This case emphasizes pitfalls in the diagnosis of pseudotumor cerebri. Careful follow-up and a high index of suspicion in pseudotumor cerebri syndromes are essential ⁴⁾.

A 16-year-old girl complained about a headache of one-month's duration, accompanied by vertical diplopia that had appeared ten days earlier. The girl reported receiving vitamin A and minocycline to treat acne vulgaris for the previous six weeks. An examination revealed bilateral optic disc edema. Normal computed tomographic and magnetic resonance imaging examinations enabled a diagnosis of pseudotumor cerebri to be made. Soon after discontinuation of those medications, the headaches and diplopia diminished. We suggest a periodic ophthalmologic examination during systemic therapy with vitamin A combined with minocycline to detect the early occurrence of pseudotumor cerebri ⁵⁾.

1992

A 16-year-old girl who developed benign intracranial hypertension, with severe bilateral papilledema after minocycline therapy. A lumboperitoneal bypass was carried out in view of the ophthalmologic signs and the pressure of cerebrospinal fluid ⁶⁾.

1991

Pseudo-tumor cerebri and acne⁷⁾.

1990

A case of pseudo-tumor cerebri is reported in a woman being treated with minocycline and tretinoin for acne who also ingested liver as a self-treatment for her condition. A possible cumulative effect between these agents is postulated ⁸⁾

Benign intracranial hypertension and minocycline. A case ⁹⁾.

1988

A 19 year-old woman complained of headache and nausea occurring while she was taking minocycline for acne. Examination showed bilateral papilloedema and a bilateral VIth nerve palsy. Symptoms and signs rapidly resolved after the drug was stopped. Benign intracranial hypertension due to tetracyclines is well known in infants. It is rare in adults. Its pathophysiology remains unknown. The role of vitamin A is inconsistent. Others biological factors or personal susceptibility could be involved ¹⁰

1983

Probable acute intracranial hypertension after minocycline ingestion in infants. Apropos of 3 cases ¹¹.

1980

A case in a 13-year-old girl is reported. This patient experienced menarche seven months before presentation, and subsequently developed acne which necessitated antibiotic therapy. She had been treated with minocycline hydrochloride (100 mg twice a day) for two months before admission to hospital. The role of minocycline therapy associated with menarche in the aetiology of PTC is discussed ¹².

1978

Benign intracranial hypertension with tetracycline therapy ¹³.

A case is reported of a young girl who developed benign intracranial hypertension, with severe bilateral papiledema and a left sixth cranial nerve palsy, after minocylcine therapy. This drug is a semisynthetic tetracycline which has proven to pass into the CSF more effectively and to have a greater lipoid solubility than the other antibiotics of the same group ¹⁴.

1)

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