Intracranial venous hypertension

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Intracranial venous hypertension (IVH) refers to elevated pressure in the veins of the brain, usually caused by impaired venous outflow. This condition can result from various factors, including:

 Venous Sinus Thrombosis (VST): Clot formation in the major venous sinuses of the brain can block normal blood flow, leading to increased pressure. 2. Cerebral Venous Malformations: Abnormal formations of blood vessels can affect venous drainage and lead to increased intracranial pressure. 3. Tumors or Mass Effect: Brain tumors or other masses can compress venous structures, leading to impaired drainage and venous hypertension. For example, a meningioma extending into venous structures (such as the cavernous sinus) could cause this. 4. Idiopathic Intracranial Hypertension (IIH): Also known as pseudotumor cerebri, this condition occurs without an obvious cause but is associated with increased intracranial pressure and venous outflow resistance. 5.
Obstructive Hydrocephalus: Accumulation of cerebrospinal fluid (CSF) can lead to increased pressure that impacts venous return.

Symptoms of Intracranial Venous Hypertension: - **Headache**: Often worse in the morning or after straining. - **Visual Disturbances**: Due to increased pressure on the optic nerve (papilledema). -**Nausea and Vomiting**: Caused by raised intracranial pressure. - **Seizures**: As venous hypertension can lead to cerebral edema or ischemia. - **Cognitive or Behavioral Changes**: Due to chronic increased pressure.

Diagnosis: - **MRI/MRV**: Imaging of the brain to assess venous structures, rule out venous sinus thrombosis, or detect other causes. - **Lumbar Puncture**: To measure CSF pressure and assess if it's elevated. - **Angiography**: Sometimes used to visualize venous outflow.

Treatment: - Addressing the Cause: For example, anticoagulation for venous sinus thrombosis, or surgery to remove a compressing tumor like a meningioma. - CSF Shunting: If hydrocephalus is contributing to pressure. - Medications: Dexamethasone to reduce inflammation or acetazolamide to decrease CSF production in cases of IIH.

For your case, where a meningioma affects venous structures like the cavernous sinus, monitoring for signs of intracranial venous hypertension and timely intervention is essential to prevent complications.

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