

Vision loss in idiopathic intracranial hypertension

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The increased pressure can lead to [papilledema](#).

Those who do experience [symptoms](#) typically report “transient visual obscurations”, episodes of difficulty seeing that occur in both eyes but not necessarily at the same time. Long-term untreated papilledema leads to visual loss, initially in the periphery but progressively towards the center of vision.

Visual acuity loss in IIH can be caused by both outer retinal changes and [optic neuropathy](#). Vision loss from outer retinal changes is mostly reversible. The outcome of patients with coexisting outer retinal changes and optic neuropathy or optic neuropathy alone depends on the degree of optic neuropathy, which can be predicted by the retinal ganglion cell-inner plexiform layer complex (GCL-IPL) thickness

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Chen JJ, Thurtell MJ, Longmuir RA, Garvin MK, Wang JK, Wall M, Kardon RH. Causes and Prognosis of Visual Acuity Loss at the Time of Initial Presentation in Idiopathic Intracranial Hypertension. Invest Ophthalmol Vis Sci. 2015 Jun;56(6):3850-9. doi: 10.1167/iovs.15-16450. PubMed PMID: 26070058.

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