Dear Editor,

I read with interest the article by Iencean et al. [1] in which they suggest that differentiation of intracranial hypertension (ICH) is associated with venous sinus stenosis and thrombosis in a subgroup of patients with vascular etiology of ICH. I appreciate such a long-term prospective study with a large number of cases. Nonetheless, I would like to comment on some aspects of the article and raise some issues for clarification and discussion by the authors.

First, they suggested that intracranial venous sinus thrombosis and stenosis were the main etiological factors for idiopathic intracranial hypertension (IIH) in previous studies by Degnan et al. [2] and Farb et al. [3]. However, in my opinion, Degnan et al. [2] point out the utility of Magnetic Resonance Venography for detecting cerebral venous sinus thrombosis (CVST) and sinus narrowing, and they explain the sinus stenosis in association with IIH rather than as a cause, and emphasize CVST as an etiological factor for symptoms of ICH and not the cause of IIH itself. Furthermore, Farb et al. [3] also report the frequent coexistence of sinovenous stenosis in conjunction with IIH rather than as a secondary cause of IIH. In the literature, the association of IIH and sinus stenosis is a well-known entity, meanwhile, the cause–effect relation of these two pathologies is not clear, and some reports suggest a synergistic relation between them [2–4]. Hence, I think that the rationale for categorizing patients with stenotic sinuses in a group with ICH of vascular etiology may be questioned.

There may be some debate about the study design and interpretation of the results. One point is that the criteria for evaluation of sinus stenosis should be described accurately. For instance, transverse sinus stenosis is generally reported to develop bilaterally, however, atypically, all three cases with transverse sinus stenosis in this study showed unilateral sinus stenosis [5]. Hence, a basic problem may be a possible overdiagnosis of the patients with hypoplastic sinuses as stenotic stenosis.

The authors emphasize a shorter period for occurrence of the complete clinical syndrome in their group with vascular etiology, but on the contrary, they report lower intracranial pressure (ICP) than in the IIH group (measured via lumbar puncture). They related this devastating clinical picture, despite lower ICP, with the insufficient compensatory mechanisms in this patient group. I agree that this may be a rational explanation. Nevertheless, I think that the difference between the mean pressures was high; while the mean value was 27 cm H2O in the IIH group, it was 21 cm H2O in the other group. In my opinion, the suggested hypothesis is insufficient to explain the significantly lower values of ICP in the vascular etiology group who paradoxically had a more devastating outcome with associated brain edema. I think that the involvement of the patient group with stenotic sinuses might have influenced this result. In accordance with this opinion, I found that after exclusion of the patients with sinus stenosis, mean ICP value has increased to 22.3 cm H2O in the group with ICH of vascular etiology.

However, this large prospective trial provides guidance for future larger, prospective studies. I think that future studies comparing the IIH group with patients with solely CVST may give more rational results, enabling a proper understanding of underlying pathological mechanisms.

Conflicts of interest: The author declares no conflicts of interest.

References:

Available online at www.sciencedirect.com

ScienceDirect

Journal homepage: http://www.kjms-online.com

Kaohsiung Journal of Medical Sciences (2016) 32, 387–388

http://dx.doi.org/10.1016/j.kjms.2016.04.003

1607-551X/© 2016, Kaohsiung Medical University. Published by Elsevier Taiwan LLC. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).
References


Halil Onder*
Department of Neurology, Şıhhiye, Hacettepe University Hospital, Ankara, Turkey

*Hacettepe University, Neurology Department, Şıhhiye, Ankara 06010, Turkey.
E-mail address: halilnder@yahoo.com