

## Anaemia as a cause for pseudotumor cerebri syndrome

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Anaemia is a rare cause of raised intracranial pressure or pseudotumor cerebri syndrome (PTC). We performed a retrospective study of patients who were newly diagnosed with raised intracranial pressure through the Medical Eye Unit from Jan 2014 – Aug 2018. 120 patients (97.5% female) aged 19-68 years were included. We identified twelve (10%) patients who had a haemoglobin level of less than 110. Of these, four patients (Hb range 79-108) had anaemia as the only cause of PTC with resultant resolution of symptoms following treatment of anaemia. Five patients had both anaemia (Hb range 72-98) and obesity (BMI range 33-45) as contributing causes. Two patients with obesity (BMI 40, 54) and obstructive sleep apnoea had Hb of 92 and 108 respectively. In one patient (Hb 108), obesity (BMI 44) was the main cause of PTC. We highlight the importance of screening and treating for anaemia in patients with pseudotumor cerebri syndrome. Treating anaemia in this setting can result in resolution of raised intracranial pressure. Pseudotumor cerebri (SOO-doe-too-mur SER-uh-bry) happens once the pressure within your bone (intracranial pressure) will increase for no obvious reason. It is also known as upset intracranial cardiovascular disease. Symptoms mimic those of a tumour. The magnified intracranial pressure will cause swelling of the cranial nerve and lead to vision loss. Medications typically will scale back this pressure and therefore the headache, however in some cases, surgery is important. Pseudotumor cerebri will occur in kids and adults, however it's most typical in ladies of childbearing age UN agency or corpulent. The reason for pseudotumor cerebri is unknown. If a cause is decided, the condition is termed secondary intracranial cardiovascular disease, instead of upset. Your brain and funiculus are encircled by body fluid, that cushions these very important tissues from injury. This fluid is created within the brain and eventually is absorbed into the blood at a rate that typically permits the pressure in your brain to stay constant. The magnified intracranial pressure of pseudotumor cerebri may result from a drag during this absorption method. Several terms are utilized in bearing on those cases with magnified intracranial pressure, sometimes while not localizing medical specialty signs, with traditional body fluid constituents and traditional or tiny bodily cavity system, and that there's no demonstrable cause. Bodily fluid infectious disease, chronic arachnoiditis, venous hydrocephaly,

otitic hydrocephaly, pseudotumor cerebri, and benign intracranial cardiovascular disease are instructed. varied hypotheses are advanced to elucidate the etiology and pathologic process of this condition, however none have proved to be satisfactory; they embrace water and solution imbalance, toxins, allergies, secretion alterations, etc.

Papilledema AN exceedingly patient with human immunological disorder virus (HIV)/acquired immune deficiency syndrome is an ugly finding. Any condition giving rise to raised intracranial tension (ICT) will cause edema, and in these patients, it might be secondary to expedient infections like infectious disease to tumour. We have a tendency to report a case of a 28-year recent feminine with HIV on antiretroviral medical aid, World Health Organization bestowed to North American nation, with edema. Her body structure examination unconcealed superficial hemorrhages and Roth's spots beside edema. Patient was diagnosed with upset intracranial high blood pressure (IIH), and every one different doable general associations were dominated out. Her blood tests showed severe anemia. The edema and retinal changes resolved with treatment of anemia. This is often a rare presentation of IIH in HIV positive patient because of anemia, secondary to AZT adverse result. IIH is diagnosed supported changed Dandy criteria for IIH with more few neuroradiological signs. Association of anemia with IIH has been reported. There are a unit reports of cases with isolated raised ICT and anemia, whose symptoms were resolved when treatment of anemia alone. The association has been reported in several sorts of anemia like iron deficiency anemia, anaemia, and upset anaemia. The doable mechanisms underlying the association of raised ICT and anaemia stay unknown. Iron-deficiency anemia is taken into account a hypercoagulable state and has been related to blood vessel and blood vessel thrombosis in numerous reports. Though within the study by Biousse et al. patients had a standard MRI of the brain, with MRV indicating traditional blood vessel sinuses, they planned a doable hyperviscosity mechanism that will increase the blood pressure while not true channel occlusion.

Antiretroviral medicine area unit well-known to cause medicine aspect effects. AZT may be a nucleoside analog antiretroviral drug, active against the HIV. The foremost adverse result of Ret-

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rovir is medicine toxicity which ends up in anemia and agranulosis that resolves promptly once the drug is stopped. ZDV-induced myelosuppression is related to a little share of patients around <5%. They develop corpuscle aplasia/hypoplasia shortly when commencing treatment. In our patient, anemia was probably Retrovir iatrogenic that result in raised ICT and edema. this is often conjointly confirmed by the actual fact that, in our patient, edema resolved with administration of acetazolamide and anemia improved when stoppage of Retrovir. All different doable general associations were conjointly dominated out. Our case highlights the actual fact that, if there's edema during a patient with HIV/AIDS, additionally to ruling out the well-known causes, one ought to conjointly suspect IIH. Drug-related adverse result particularly if the patient is on zidovudine-based ART ought to be thought-about as a reason behind anemia iatrogenic IIH. This case conjointly illustrates the requirement for a prompt diagnosing and early treatment of IIH, which might forestall ocular morbidity and mortality. telephone system search didn't reveal, any such report of a patient with HIV, presenting with edema because of IIH with anemia secondary to antiretroviral drug AZT. The authors certify that they need obtained all applicable patient consent forms. within the type the patient(s) has/have given his/her/their consent for his/her/their pictures and different clinical data to be reported within the journal. The patients perceive that their names and initials won't be printed and due efforts are going to be created to hide their identity, however namelessness cannot be warranted.

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