Strategies in managing idiopathic intracranial hypertension in pregnancy: A case report

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ABSTRACT

Introduction: Idiopathic intracranial hypertension (IIH) is a rare disorder in pregnancy, with an estimated prevalence of 0.02-1.6%. The condition is characterised by raised intracranial pressure without radiological or laboratory evidence of an underlying cause. Obesity remains the strongest risk factor. In pregnancy, the safety concerns of pharmacotherapy pose management challenges, as symptoms may mimic or overlap with conditions such as preeclampsia. IIH in pregnancy is associated with increased risk of preterm birth, hypertensive disorders, and fetal anomalies. **Case Description:** A 29-year-old primigravida with stable systemic lupus erythematosus (SLE) presented at 10 weeks' gestation. She had been diagnosed with IIH prior, confirmed by papilledema, normal brain imaging, and a lumbar puncture with opening pressure of 29 cmH_2O. Acetazolamide 500 mg twice daily was initiated preconceptionally. In early pregnancy, the drug was withheld but reinstated after symptom exacerbation. At 30 weeks, she developed blurred vision and central scotoma. MRI/MRV were normal, and multidisciplinary consensus supported continuation of acetazolamide. At 32 weeks, she underwent emergency caesarean for fetal compromise. A lumbar puncture during spinal anaesthesia revealed an opening pressure of 37 cmH_2O. Postpartum, her medication was titrated for symptom control. **Discussion:** Management of IIH in pregnancy requires balancing maternal neurological stability with fetal safety. While data on acetazolamide use in pregnancy are limited, emerging evidence supports its relative safety. Therapeutic lumbar puncture may be needed in refractory cases. Postpartum relapse risk stresses the importance of close monitoring. Individualised, multidisciplinary care is essential in managing IIH during pregnancy and lactation.