

decubitus position by lumbar puncture. Inaccurate pressure readings are a common pitfall. An elevated pressure, with normal cerebrospinal fluid, points by exclusion to the diagnosis of *pseudotumor cerebri* (idiopathic intracranial hypertension). Almost all patients are female, and most are obese. Treatment with a carbonic anhydrase inhibitor such as acetazolamide lowers intracranial pressure by reducing the production of cerebrospinal fluid and improves the visual fields. Weight reduction is vital: bariatric surgery should be considered in patients who cannot lose weight by diet control. If vision loss is severe or progressive, a shunt should be performed without delay to prevent blindness. Placement of a stent across the junction of the transverse and sigmoid dural sinuses, where stenosis is usually present, has emerged as a new treatment option. Optic nerve sheath fenestration is a less effective approach and does not address other neurologic symptoms. Occasionally, fulminant papilledema produces rapid onset of blindness. In such patients, emergency surgery should be performed to install a shunt.

Optic Disc Drusen These are refractile, glittering particles within the substance of the optic nerve head ([Fig. 32-13](#)). They are unrelated to drusen of the retina, which occur in age-related macular degeneration. Optic disc drusen are most common in people of northern European descent. Their diagnosis is obvious when they are visible on the surface of the optic disc. However, in many patients, they are hidden beneath the surface, producing pseudopapilledema. It is important to recognize optic disc drusen to avoid an unnecessary evaluation for papilledema. When optic disc drusen are buried, B-ultrasound is the most sensitive way to detect them. They appear hyperechoic because they contain calcium. They are also visible on computed tomography (CT) or optical coherence tomography (OCT), a technique for acquiring cross-section images of the retina. In most patients, optic disc drusen are an incidental, innocuous finding, but they can produce visual obscurations. On perimetry, they give rise to enlarged blind spots and arcuate scotomas from damage to the optic disc. With increasing age, drusen tend to become more exposed on the disc surface as optic atrophy develops. Hemorrhage, choroidal neovascular membrane,