

Evidence Discussion

Papilledema/Pseudotumor Cerebri (HD-17)

- In the evaluation of suspected or known intracranial hypertension and/or exam findings of papilledema, neuroimaging is helpful for diagnosis, excluding other structural causes, and for the identification of venous outflow obstruction.^{2,4,5}
- MRI Brain allows detection of findings supportive of intracranial hypertension and detection of structural abnormalities such as mass, edema, or hydrocephalus.^{1,2,3,5,6} MR Venogram allows identification of venous sinus stenosis and thrombosis for treatment planning in these scenarios.^{2,3,5}
- Alternatively, CT Head allows exclusion of secondary causes such as hydrocephalus, mass or edema, particularly in urgent scenarios.^{1,2,5,6} CT Venogram allows direct vessel visualization to exclude venous outflow obstruction in these cases.^{1,2,5}
- In addition, orbital symptoms may be evaluated with either CT Orbits or MRI Orbits, with CT providing superior bony anatomy evaluation and calcification detection and MRI providing superior soft tissue resolution and evaluation of the optic nerve.^{1,5,6}

References

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