Teaching NeuroImages: Meningoencephalocele and CSF leak in chronic idiopathic intracranial hypertension

A 63-year-old woman with epilepsy and chronic headaches was admitted for status epilepticus. A lumbar puncture revealed increased opening pressure of 320 mm H2O and bacterial meningitis. MRI brain demonstrated a partial empty sella, tortuous optic nerve sheaths, flattening of the optic papillae, and numerous prominent arachnoid granulations, consistent with chronic idiopathic intracranial hypertension (IIH), as well as bright CSF signal and brain parenchyma within a left meningoencephalocele (figure, A). A CT cisternogram confirmed communication of the subarachnoid space of the meningoencephalocele with the left sphenoid sinus through a punctate osseous defect (figure, B). While most CSF leaks are related to trauma, IIH is increasingly recognized as a cause of spontaneous leaks.

AUTHOR CONTRIBUTIONS
Donald McCorquodale: clinical evaluation, image review and formatting.
Tina M. Burton: clinical evaluation, chart review, image review and formatting.
Blair Winegar: diagnostic imaging, imaging interpretation, critical revision of manuscript.
Stefan Pulst: clinical evaluation and critical revision of manuscript.

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REFERENCES
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