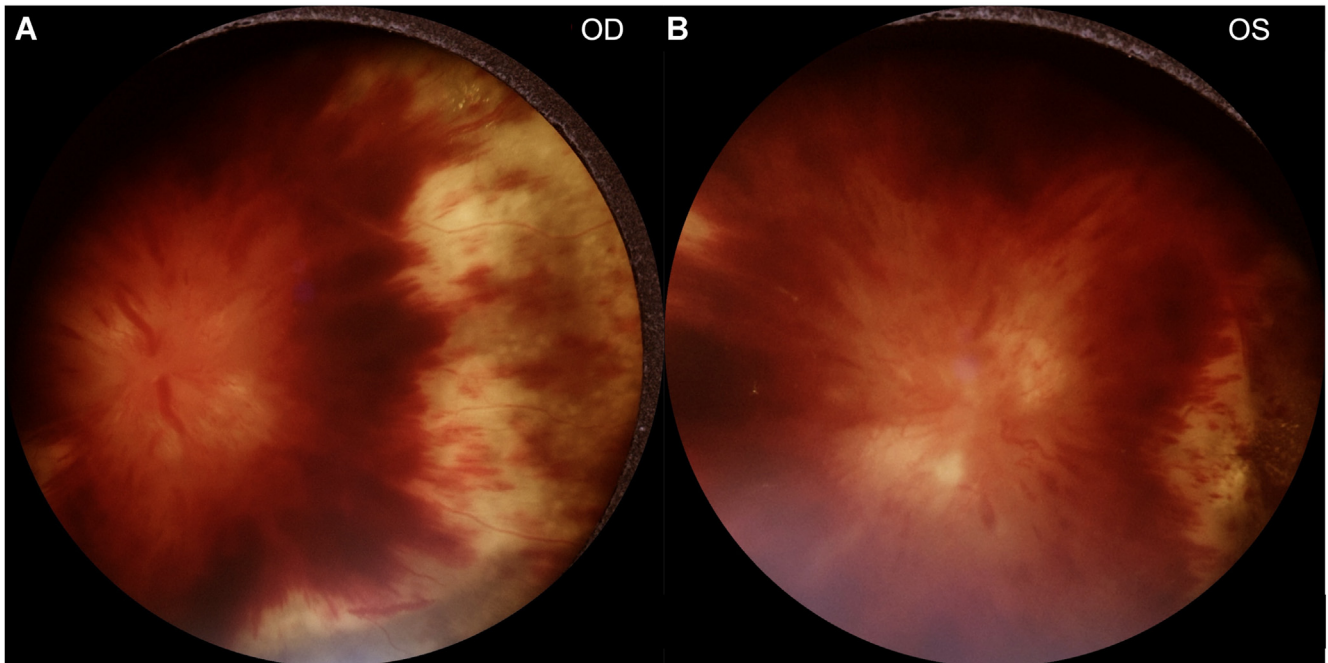


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## Pictures & Perspectives



### Malignant Idiopathic Intracranial Hypertension

A 24-year-old woman with a body mass index of 28 presented with 2 weeks of progressive vision loss and 2 months of headache. Visual acuity was 20/400 in both eyes, and examination showed Frisén grade 5 papilledema with extensive retinal hemorrhage and exudates (A [OD = right eye] and B [OS = left eye]). Imaging did not show evidence of mass lesions or dural venous sinus thrombosis, and lumbar puncture opening pressure was 46 cm H<sub>2</sub>O with normal cerebrospinal fluid contents, consistent with idiopathic intracranial hypertension. The patient was started on acetazolamide and bilateral optic nerve sheath fenestration was urgently performed. At 1 week follow-up, the patient's papilledema and vision loss were persistent, prompting urgent referral to neurosurgery for further intracranial pressure—lowering intervention. Post-shunt, papilledema improved but vision did not recover (Magnified version of Figure A-B is available online at [www.aaojournal.org](http://www.aaojournal.org)).

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