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. Visualacuity was 20/400 in both eyes, and examination showed Frisén grade 5 papilledema with extensive retinal hemorrhage and exudates(A [OD ¼ right eye] and B [OS ¼ left eye]). Imaging did not show evidence of mass lesions or dural venous sinus thrombosis, and lumbarpuncture opening pressure was 46 cm H2O with normal cerebrospinal fluid contents.The patient was started on acetazolamide and bilateral optic nerve sheath fenestration was urgently performed. At 1 week follow-up, thepatient’s papilledema and vision loss were persistent, prompting urgent referral to neurosurgery for further intracranial pressureeloweringintervention. Post-shunt, papilledema improved but vision did not recover