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Headache/ Primary and Secondary Headaches/ Diagnostic Approach and Management

Intracranial Hypotension: Diagnosis and Management

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Disclosures

Potential COI	Organization
Advisory Boards	AbbVie, Pfizer, Eli Lilly, Hava Bio-pharma, Biogen, Percept
Consultant	AbbVie, Pfizer, Eli Lilly, Hava Bio-pharma
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Learning objectives

- In the end of this lecture, the attendees are expected to understand:
 - The clinical presentations of (spontaneous) intracranial hypotension
 - The advantages and disadvantages of different diagnostic tools
(especially heavily T2 weighted MR myelography in detecting spinal CSF leaks)
 - The role of epidural blood patch (EBP)
 - How to identify and the manage potential complications.

Key messages

- Intracranial hypotension can cause a severe, disabling orthostatic headache.
- HT2W MRM has a similar detection rate with CTM, the gold standard, and owns additional advantages, i.e., contrast-free and radiation-free.
- EBPs can seal the CSF leaks , and are effective and time-efficient
 - Consider EBP early in the course, usually **perform within 2 weeks**
 - An EBP with a volume ≥ 22.5 mL predicts a higher successful rate
 - **Multiple targeted EBPs (≥ 3)** should be considered before proceeding to surgical repair.
- A targeted EBP prior to SDH drainage surgery as well as CVT treatments avoids morbidities.

References

The first multidisciplinary consensus for SIH

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The review article for SIH on Continuum®

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Selected key references in the speech (According to the order it appears in the slide)

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