Prompt diagnosis and multidisciplinary management of IIH promote favorable clinical and neuro-ophtalmologic outcome, avoiding invasive treatments.

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Objectives: Idiopathic Intracranial Hypertension (IIH), characterized by increased intracranial pressure without an apparent cause, presents with symptoms such as severe headache, visual disturbances, and papilledema. The incidence is 1-3/100,000 annually, primarily affecting young, obese women. Headache, reported by 84% of patients in studies, varies in nature (migraine, tension-type). Visual disturbances, including transient obscurations (68%) and diplopia (18%), are common in IIH. The condition poses severe morbidity, risking vision and causing intense headaches. Management options include weight loss, diuretics, and, in refractory cases, surgical interventions like ventriculoperitoneal shunting or optic nerve sheath fenestration. Given the variable prognosis, this study aims to assess the effectiveness of a timely, multidisciplinary approach involving neurologists and neuro-ophthalmologists

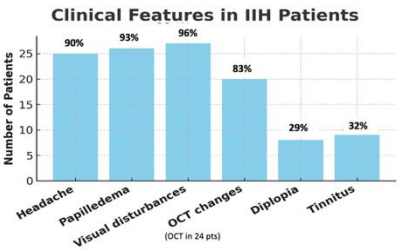
Materials and Methods: retro-prospective analysis of patients diagnosed with IIH at our hospital between January 2020 and May 2025, documenting the timing of patient assessments and the collaboration between neurologists and neuro-ophthalmologists. The effectiveness of early, multidisciplinary, conservative interventions was evaluated in terms of clinical outcomes and the need for invasive treatments. Timely, patient-tailored interventions included pharmacological therapy, weight management, lifestyle modifications (e.g., smoking cessation), and invasive procedures when necessary.

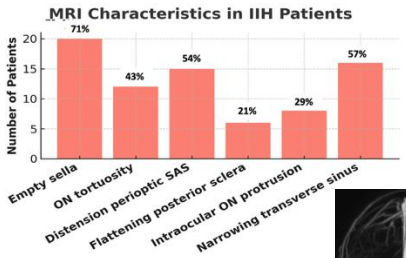
Results: Twenty-eight patients (22 females, mean age 36 ± 14 years, mean BMI 31 ± 7) were included. In 86% of cases, neurological and neuro-ophthalmological evaluations occurred within one month of symptom onset. Disabling headache was reported by 90%, papilledema by 96%, and visual disturbances by 96% of patients. Acetazolamide was administered to 96% of patients, 65% achieved weight loss, and 73% either reduced or quit smoking). Invasive treatments were required in only two patients—one with a dural arteriovenous fistula and another with focal transverse sinus stenosis. Overall, 93% of patients showed rapid improvement in both headache and papilledema, as assessed by fundus photography and spectral-domain optical coherence tomography (OCT).

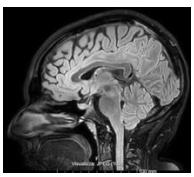
Demographic and clinical characteristics (n=28)

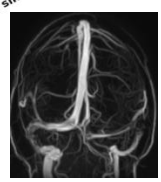
Age (mean ± SD)	36 ± 14
Sex (F/M)	22/6
BMI (mean ± SD)	31 ± 7
- Overweight, n (%)	20 (71%)
Smokers, n (%)	11 (39%)
History of primary headache, n (%)	18 (64%)
- Migraine	13 (72%)
Assessment within 1 month from symptoms, n (%)*	24 (86%)
Lumbar puncture, n (%)	17 (61%)
- high CSF pressure	17 (61%)
Treatment	
- Acetazolamide, n (%)	27 (96%)
started within 2 months, n (%)	22 (82%)
at least for 2 months, n (%)	25 (93%)
dose, (mean ± SD)	593 ± 279
- Weight loss, n (%)	13 (65%)
- Decrease/stop smoking, n (%)	8 (73%)
- Neurosurgery/interventional neuroradiology, n (%)	2 (7%)
Improvement within 1 month from acetazolamide, n (%)	**26 (93%)**

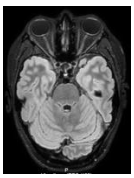
* Neurological & Neuro-ophthalmological

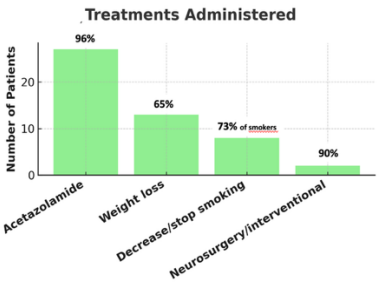












Discussion: Early multidisciplinary intervention led to favorable outcomes, including reduced progression of papilledema and resolution of symptoms, thus minimizing the need for invasive procedures.
Conclusion: Timely diagnosis and collaboration between neurologists and neuro-ophthalmologists are crucial for preventing disease progression and optimizing the management of IIH, enhancing the overall quality of life.