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Two Cases of Spontaneous Intracranial Hypotension

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I have experienced 2 cases of spontaneous intracranial hypotension. Case I. A nurse aged 45, suffered from nausea, vomiting and severe paroxymal headache with disappearing by lying position. She was admitted to Sapporo Medical College Hospital without definite neurological signs. The lumbar C.S.F. pressure was 0 mmH₂O. The C.S.F. pressure was raised to normal level by infusion of physiological saline solution daily 500 ml. for 6 days. She was discharged 5 days later. Thereafter she enjoying quite healthy normal life until today. Case II. Female clark aged 37, has had a episode of severe headache, nausea, vomiting and unconsciousness continued for 1 week, 2 months prior to admission. 2 days before the admission, she suffered from headache, nausea and vomiting. She was admitted under the suspicion of ruptured intracranial aneurysm. She had no typical neurological signs and systemic angiography revealed no pathological changes. The C.S.F. was clear colorless and it's pressure was 80 mmH₂O. She was diagnosed spontaneous intracranial hypotension. The C.S.F. pressure was raised to normal level by the infusion of white's solutoin (normal physiological saline solution a half part and 5% glucose soltuion a half part) daily 1000 ml for 10 days.

In general, the cause of spontaneous intracranial hypotension is still obscure. However, I have a case of the intracranial hypotension with hypopituitarism 3 years after hypophysectomy, male aged 45. He developed paroxymal headache, vomiting and dorwsiness with C.S.F. pressure less than 20 mmH₂O, 17-OHCS, 17-KS less than normal level and no response to Metpirone test. This case recovered after the adequate treatment with fluid infusion, ACTH, pitressin and so on.

Although it is hard to say with such a single case, but it might be said that dysfunction of diencephalon-pituitary system appears to play some role in the cause of intracranial hypotension.