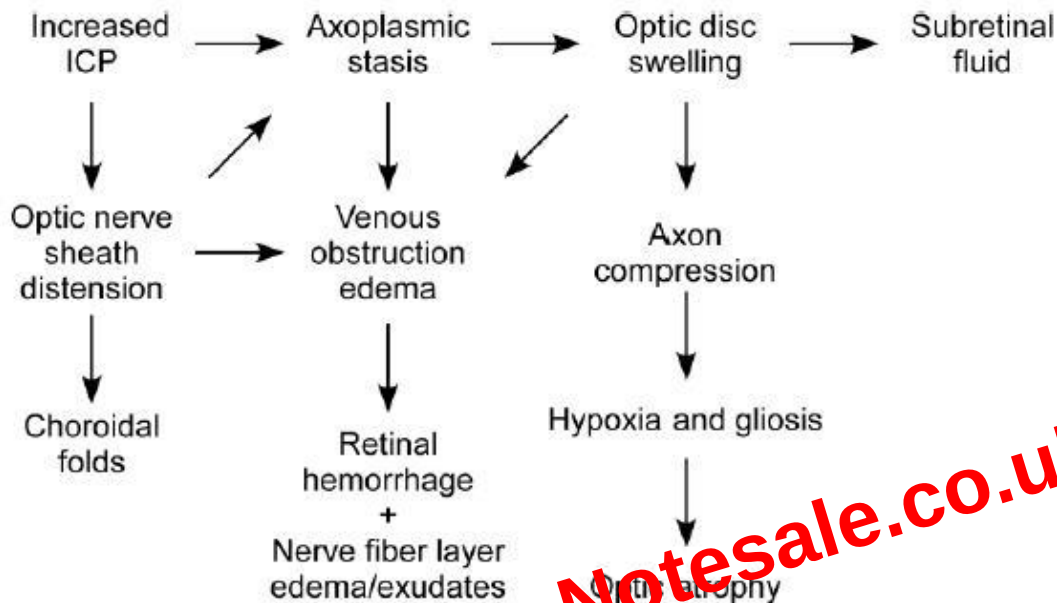


- Cerebral Venous sinus thrombosis
- Cerebral edema from blunt head trauma
- Severe systemic hypertension
- Hypersecretion of CSF by a choroidal plexus tumor (very rare)



How will a patient of raised ICP present?

Headache: a headache that improves early morning & wakes the patient from sleep (although rarely may happen any time of the day).

May be localized or generalized.

Intensity increasing with bending down, coughing, head movement.

Gets progressively worse over time (rarely headache may be absent)

Nausea: Often episodic, projectile. May be a symptom in isolation or may precede the headache.

Deterioration of consciousness: As severity increases, initially it may be drowsiness/somnolence. (A dramatic deterioration in conscious level may be indicative of brainstem distortion and requires immediate attention.)

Visual symptoms: Commonly absent in mild/early raised ICP. V/A → normal or minimally reduced early on. significant reduction is a late feature associated with optic atrophy.