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Reply:

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REPLY:

We appreciate the thoughtful comments shared by De Bernardo et al regarding our recent publication exploring the use of contrast-enhanced 3D-FLAIR imaging in the evaluation of patients with idiopathic intracranial hypertension (IIH).[1] In their comments, the authors of the response wished to raise awareness of how patients with IIH could be serially monitored with sonography as a more sensitive and cost-effective technique to evaluate optic nerve edema compared with contrast-enhanced MR imaging.

We would like to highlight, however, that the overarching objective of our report was to evaluate the sensitivity of contrast-enhanced 3D-FLAIR imaging in patients for the initial (and sometimes opportunistic) diagnosis of IIH, as opposed to serial and longitudinal imaging of these patients. In patients presenting a priori with headaches and blurred vision, it is important to evaluate the brain to rule out other causes of elevated intracranial pressure, and a head MR imaging without and with contrast remains the standard of care to evaluate this patient population.[2] Our investigation identified a moderate correlation between the Frisén Scale and findings seen on contrast-enhanced 3D-FLAIR, particularly in patients with higher grades of papilledema. Once a diagnosis of IIH has been clinically established, sonography may play a role in follow-up as the authors suggest.

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REFERENCES

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