

Levofloxacin and Intracranial Hypertension in a Patient with Spondylodiscitis: A Case Report

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Abstract

Pseudotumor cerebri or benign intracranial hypertension is characterized by increased intracranial hypertension without evidence of a mass lesion or ventricular obstruction. Symptoms are mainly headache and papilledema. If untreated, papilledema can cause progressive irreversible visual loss and optic atrophy. Usually occurs in obese women and in the childbearing years. It is a diagnosis of exclusion and, therefore, other causes of increased intracranial pressure must be sought with history, imaging, and cerebrospinal fluid examination before the diagnosis can be made. MRI findings include empty sella, smooth-walled venous stenoses, flattened globes and fully unfolded optic nerve sheath [1].

We describe a case of a 13 years old girl who developed L3-L4 spondylodiscitis by *Staphylococcus aureus* agent. After 2 months of levofloxacin therapy she developed intracranial hypertension, without any evidence of intracerebral mass or hydrocephalus at CT scan and MRI. The levofloxacin therapy was stopped and the symptoms disappeared after same days.

To the best of our knowledge this is the third case of intracranial hypertension associated to levofloxacin described in the literature until now [2-12], but many cases associated to fluoroquinolones have been reported [2-36].

Received: January 08, 2022; **Accepted:** January 15, 2022; **Published:** January 17, 2022

Biography

Alessandra Alfieri is a Specialist in Neurology and working in New York City Housing Authority (NYCHA) for past 15 years.