**SUPPLEMENTARY FILE**

**Supplementary File-A**

Inclusion criteria:

1. Age >13 yrs

2. Diagnosis of IIH based on 2013 Friedman Revised diagnostic criteria (1).

Exclusion criteria:

1. Any other secondary cause for intracranial hypertension identified.

2. Patients with hormonal supplements or OCP intake in the past 1 year.

3. Pregnancy

4. Any pre-existing endocrinopathy / sellar mass.

**Supplementary File-B**

Modified Frisen Scale (Papilledema grading)

|  |
| --- |
| Grade 0 (Normal Optic Disc)* Prominence of the retinal nerve fiber layer at the nasal, superior, and inferior poles in inverse proportion to disc diameter
* Radial nerve fiber layer striations, without tortuosity
 |
| Grade 1 (Minimal Degree of Edema)* C-shaped halo that is subtle and grayish with a temporal gap; obscures underlying retinal details
* Disruption of normal radial nerve fiber layer arrangement striations
* Temporal disc margin normal
 |
| Grade 2 (Low Degree of Edema)* Circumferential halo
* Elevation (nasal border)
* No major vessel obscuration
 |
| Grade 3 (Moderate Degree of Edema)* Obscuration of ≥1 segment of major blood vessels leaving disc
* Circumferential halo
* Elevation (all borders)
* Halo (irregular outer fringe with finger-like extensions)
 |
| Grade 4 (Marked Degree of Edema)* Total obscuration on the disc of a segment of a major blood vessel on the disc
* Elevation (whole nerve head, including the cup)
* Border obscuration (complete)
* Halo (complete)
 |
| Grade 5 (Severe Degree of Edema) Obscuration of all vessels on the disc and leaving the disc |

**Supplementary File-C**

A) Normal levels for various hormonal parameters

|  |  |  |
| --- | --- | --- |
| S. NO | PARAMETERS | REFERENCE RANGE |
| 1 | T3 | .08-20 ng/ml |
| 2 | T4 | 4.8-12.7 ng/ml |
| 3 | TSH | 0.27-4.2Uiu/ml |
| 4 | Anti TPO | <34.00 IU/ml |
| 5  | LH (follicular phase) | 2.4-12.6mIU/ml |
| 6 | FSH (follicular phase) | 3.5-12.5 Miu/ml |
| 7 | PRL | 4.79-23.3ng/ml |
| 8 | Testosterone | 9.9-27.8 |
| 9 | E2 (follicular phase) | 12.5-166 pg/ml |
| 10 | Cortisol | 171-536nmol/l |

B) Definitions for hormonal dysfunction

1. Hypopituitarism was defined as deficiency of one or more hormones produced by the pituitary gland.

2. Glucocorticoid deficiency was defined as Fasting 8 am Cortisol <350nmol/l with normal or low Adrenocorticotropic hormone (ACTH). The patients with 8am plasma cortisol <350 nmol/l underwent 250mg ACTH stimulated cortisol test to look for glucocorticoid reserve. Those with ACTH > 420nmol/l were considered to pass the test.

3. Thyrohormone deficiency was defined as low T4 with normal or low TSH

4. Gonadotropin deficiency was defined as amenorrhea; or low estradiol with inappropriately low normal or normal LH, FSH

5. Hyperprolactinemia was defined as Prolactin > 25ng/ml

**Supplementary File- D**

CASE RECORD FORM

|  |
| --- |
| Name: Age: Sex:CR No: FC No:Address: Phone No: Marital StatusEducation: Occupation:  |

HISTORY

I.PRESENTING COMPLAINTS

1. HEADACHE

ONSET

* NATURE SEVERITY LOCATION
* ASSOCIATIONS – Nausea Vomiting Photophobia Phonophobia
* AGGRAVATIONS –Cough Bending Posture
* DIURNAL VARIATION
* FREQUENCY
* RELIEVING FACTORS
1. OCULAR SYMPTOMS
* VISION LOSS –
* U/L OR B/L,
* ONSET
* PROGRESSION
* TRANSIENT VISUAL OBSCURATIONS
* DIPLOPIA
* PHOTOPSIA/ MACROPSIA/ MICROPSIA/ METAMORPHOPSIA

3.PULSATILE TINNITUS

4.ANY OTHER COMPLAINT

2.PAST HISTORY

HYPERTENSION

DIABETES

CORONARY ARTERY DISEASE

HYPO/HYPERTHYROIDISM

 RECENT WEIGHT GAIN

TUBERCULOSIS

BRONCHIAL ASTHMA

3.MENSTURAL/ OBSTETRIC HISTORY

4.DRUG HISTORY

5.DURATION

TIME BETWEEN ONSET OF SYMPTOMS AND PRESENTATION (specify duration)

 <1 week

 1-4 weeks

 1-6 months

 >6 months

TIME BETWEEN ONSET OF SYMPTOMS AND NEUROIMAGING (specify duration)

 <1 week

 1-4 weeks

 1-6 months

 >6 months

TIME BETWEEN ONSET OF SYMPTOMS AND TREATMENT INITIATION (specify duration)

 <1 week

 1-4 weeks

 1-6 months

 >6 months

EXAMINATION

BMI- wt (kg)/ ht(m2)

 Underweight (<18.5)

 Normal (18.5 – 22.9)

 Overweight (23 -24.9)

 Moderately Obese (25-29.9)

 Severely Obese (>30)

VITALS : BP Heart Rate Respiratory Rate

GENERAL PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

Respiratory system:

Cardiovascular system:

Per abdomen:

OPHTHALMOLOGIC EXAMINATION

VISUAL ACUITY (BCVA)

 R/E L/E

|  |  |  |
| --- | --- | --- |
| FAR VISION |  |  |
| NEAR VISION |  |  |

Right Left

IOP

PUPILS Right

ANTERIOR SEGMENT

INFLAMMATION

MEDIA

POSTERIOR SEGMENT

FUNDUS

PAPILLEDEMA GRADE

VISUAL FIELDS

NEUROLOGICAL EXAMINATION

Handedness Right left

MMSE:

Cranial nerves

Motor Examination

sensory examination:

CEREBELLAR EXAMINATION:

Investigations

|  |  |
| --- | --- |
| Hb |  |
| Platelets 10^3 |  |
| TLC  |  |
| ESR  |  |
| Others |  |
| S. Bili |  |
| SGOT/SGPT |  |
| S. Creat/ Bl. Urea |  |
| RBS |  |
| Viral Markers |  |
| S. Lipid Profile |  |

CSF ANALYSIS

|  |  |
| --- | --- |
| Pressure |  |
| TC/DC |  |
| Protein/Sugar  |  |
| ADA |  |
| Gram Stain & Culture Sensitivity |  |
| AFB |  |
| Malignant Cytology |  |

MRI BRAIN AT PRESENTATION:

1. Empty Sella: Grading

 Partial Empty Sella

 Complete Empty Sella

1. Other Signs of intra-cranial hypertension

Posterior scleral ﬂattening

Enhancement of optic nerves

Tortuosity of the orbital optic nerves,

Distension of the perioptic subarachnoid space

1. CVT

MRVenography

HORMONAL PROFILE Presentation 6 Months

1. S.T3/T4/TSH
2. S. LH/FSH
3. S.PROLACTIN
4. S. CORTISOL(8am)
5. S. IGF-1
6. S. ESTRONE E2
7. S. TESTOSTERONE (males)

USG abdomen(when indicated) - To look for PCOS.

FOLLOW UP RADIOLOGY:

TREATMENT GIVEN

|  |  |  |
| --- | --- | --- |
| DRUGS | DOSE | ANY SIDE EFFECTS |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

SURGERY (IF REQUIRED)