

The relationship between hyperphagia and increased intracranial pressure: A new look at obesity treatment

Betül Güzelyüz¹, Faruk Özdemir²

¹ HaSSA State Hospital General Surgery Clinic,
Hatay, Turkey

² Gerede State Hospital, Radiology Clinic, Bolu,
Turkey

ORCID  of the author(s)

BG: <https://orcid.org/0000-0002-9092-1705>
FÖ: <https://orcid.org/0000-0002-7999-8058>

Abstract

Some diseases that progress with excessive intracranial pressure, such as pseudotumor cerebri, are associated with obesity. A 64-year-old female who was admitted to the hospital with a complaint of weight gain was diagnosed with pseudotumor cerebri. She had had a lumboperitoneal shunt for 10 years, and it had stopped working. It was challenging to determine whether the shunt tip, observed between abdominal fat layers and obscured by pseudomembranes, had become functionally shortened due to the patient's weight gain and had failed to reach the peritoneal cavity, or whether long-standing pseudomembrane obstruction had impaired drainage of cerebrospinal fluid. The latter situation may have led to increased intracranial pressure, subsequently triggering hyperphagia and contributing to the patient's further weight gain. Based on this clinical example, demonstrating that excessive intracranial pressure is associated with hyperphagia may inform novel approaches to obesity management.

Keywords: hyperphagia, mastication, intracranial pressure, obesity

Introduction

The rising prevalence of obesity necessitates research to clarify its etiopathogenesis and guide effective treatment strategies. Cerebrospinal fluid flow and intracranial pressure disorders have been shown to affect the prevalence of headache and visual functions. However, the relationship of these disorders with obesity, which affects metabolic and hormonal factors, has also been noted in recent studies [1]. Some investigations have focused on using the mechanical functions of mastication in the rehabilitation and treatment of cranial pain and some postoperative comorbidities [2]. However, individuals with certain diseases that are accompanied by increased intracranial pressure, such as idiopathic intracranial hypertension and pseudotumor cerebri, are generally overweight or obese [3]. Treatment typically involves weight management in conjunction with medical and surgical interventions aimed at reducing intracranial pressure [1, 3].

Based on the mechanical-functional connection of headache and mastication and diseases in which headache is associated with obesity for endocrine-metabolic reasons, a connection between headache-mastication-hyperphagia and being overweight or even obese has been proposed [3]. This situation is contrary to the classical view that the benefits of weight control can be used to manage headache; treatment for headache is promising for a permanent solution to the management of obesity.

Here, we focus on a 64-year-old female who presented with weight gain and gastrointestinal system symptoms. She was diagnosed with pseudotumor cerebri and had had a lumboperitoneal (LP) shunt for 10 years. We determined that the shunt remained in the subcutaneous tissue and resulted in the dysfunction.

Corresponding Author

Betül Güzelyüz
Afsin State Hospital, Kemal Ertekin Street,
Yesilyurt, Afsin, Kahramanmaraş, Turkey
E-mail: b.gzlyz1994@gmail.com

Informed Consent

The authors stated that the written consent was obtained from the patient presented with images in the study.

Conflict of Interest

No conflict of interest was declared by the authors.

Financial Disclosure

The authors declared that this study has received no financial support.

Published

2026 February 7

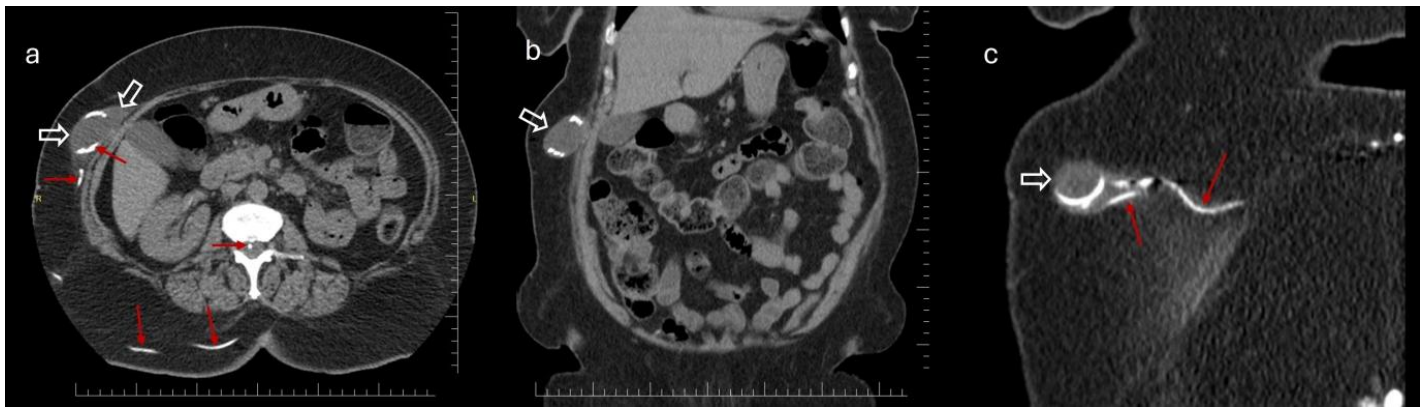
Copyright © 2026 The Author(s)



This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0).
<https://creativecommons.org/licenses/by-nc-nd/4.0/>



Figure 1. Unenhanced abdominal computed tomography. a) axial section, b) coronal section, c) sagittal section. Shunt dysfunction due to the shunt tube migrating to a subcutaneous location in the abdomen. Cystic lesion in the subcutaneous tissue (open arrow). Lumboperitoneal shunt tube (red arrow).



Case presentation

The patient's medical history included hypertension, cardiac arrhythmia, papilledema, pseudotumor cerebri, and an LP shunt inserted 10 years ago. She also stated that she had had a pacemaker inserted 3 years ago. She had been examined for hyperglycemic symptoms for a few months, and had experienced increasing episodes of headaches and increasing gastrointestinal system symptoms for the last few years. Her primary complaints were dyspeptic complaints, indigestion-constipation, and weight gain.

Although no other intraabdominal abnormality was detected upon ultrasonography, the distal end of the LP shunt was subcutaneously terminated. We observed a cystic formation measuring 6 cm in diameter at its tip. In abdominal computerized tomography (CT), the density of the linear catheter entering the spinal canal at the level of the L2 vertebra and a cyst approximately 6 cm in diameter around the catheter in the subcutaneous tissue in the right subcostal area were noted. The catheter did not have an intraperitoneal extension (Figure 1). In the brain CT, the 3rd ventricle, lateral ventricle, and hemispheric cortical sulci were slightly widened secondary to atrophy.

Although the patient's rate of weight gain could not be determined due to the limitations of the anamnesis, the patient's Body Mass Index was 32. The increase in the prevalence of gastrointestinal symptoms and the emergence of hyperglycemia, along with her weight gain, the presence of cardiac disease, and the accompanying headache and shunt dysfunction, all suggested that the patient might be suffering from intracranial pressure-related issues. Therefore, the patient was referred to a center specializing in gastrointestinal conditions with recommendations to receive treatment to reduce her intracranial pressure and address her dysfunctional shunt.

Discussion

Some diseases that progress with excessive intracranial pressure, such as pseudotumor cerebri, are associated with obesity [4, 5]. Weight loss has been shown to support the management of conditions such as idiopathic intracranial hypertension [3]. Moreover, genetic disorders such Prader-Willi syndrome have been linked to hyperphagia. Recent studies have proposed therapeutic approaches targeting neuropsychiatric and endocrinological factors in obesity management [6].

This case study suggests that elevated intracranial pressure may affect eating behavior, mastication function, and

headache perception, potentially contributing to weight gain [7]. Demonstrating a link between excess intracranial pressure and hyperphagia can pave the way for new developments to improve, or perhaps even change, the obesity treatment spectrum.

References

1. Wang MTM, Bhatti MT, Danesh-Meyer HV. Idiopathic intracranial hypertension: Pathophysiology, diagnosis and management. *J Clin Neurosci*. 2022;95:172-9. doi: 10.1016/j.jocn.2021.11.029.
2. Jarc N, Scheiwe C, Plachta DTT, Schmoor C, Gierthmuehlen PC, Gierthmuehlen M. Assessment of postoperative pain, dysesthesia, and weather sensitivity after pterional and temporal neurosurgical approaches. *J Neurosurg*. 2023;140(5):1406-13. doi: 10.3171/2023.8.JNS231307.
3. Otrridge R, Mollan SP, Botfield H, Frew E, Ives NJ, Matthews T, et al. Randomised controlled trial of bariatric surgery versus a community weight loss programme for the sustained treatment of idiopathic intracranial hypertension: the Idiopathic Intracranial Hypertension Weight Trial (IIH:WT) protocol. *BMJ Open*. 2017 Sep 27;7(9):e017426. doi: 10.1136/bmjopen-2017-017426.
4. Friedman DI. The Pseudotumor Cerebri Syndrome. *Neurol Clin*. 2024 May;42(2):433-71. doi: 10.1016/j.ncl.2024.02.001.
5. Guzelyuz B, Taşkın HE, Kemerdere R, Kösem YÖT, Tahmazoğlu B, Çetintaş SC. Placement of lumboperitoneal shunt: Etiology of iatrogenic gastric perforation. *J Surg Med*. 2022;6(4):533-4. doi:10.28982/josam.982170.
6. Roof E, Deal CL, McCandless SE, Cowan RL, Miller JL, Hamilton JK, et al. Intranasal Carbetocin Reduces Hyperphagia, Anxiousness, and Distress in Prader-Willi Syndrome: CARE-PWS Phase 3 Trial. *J Clin Endocrinol Metab*. 2023 Jun 16;108(7):1696-708. doi: 10.1210/clinem/dgad015.
7. Perry SK, Emrick JJ. Trigeminal somatosensation in the temporomandibular joint and associated disorders. *Front Pain Res (Lausanne)*. 2024 May 9;5:1374929. doi: 10.3389/fpain.2024.1374929. Erratum in: *Front Pain Res (Lausanne)*. 2024 Jul 05;5:1454278. doi: 10.3389/fpain.2024.1454278.

Disclaimer/Publisher's Note: The statements, opinions, and data presented in publications in the Journal of Surgery and Medicine (JOSAM) are exclusively those of the individual author(s) and contributor(s) and do not necessarily reflect the views of JOSAM, the publisher, or the editor(s). JOSAM, the publisher, and the editor(s) disclaim any liability for any harm to individuals or damage to property that may arise from implementing any ideas, methods, instructions, or products referenced within the content. Authors are responsible for all content in their article(s), including the accuracy of facts, statements, and citations. Authors are responsible for obtaining permission from the previous publisher or copyright holder if re-using any part of a paper (e.g., figures) published elsewhere. The publisher, editors, and their respective employees are not responsible or liable for the use of any potentially inaccurate or misleading data, opinions, or information contained within the articles on the journal's website.