The radiological features of spontaneous intracranial hypotension (SICH) are well described, often using the mnemonic SEEPS, however, the radiological features of the causative spinal CSF leak have been less clearly characterised. Recently, the use of novel imaging techniques, notably ultra-fast CT Myelography and digital subtraction myelography has allowed identification of new lesions and better characterisation of known lesions, and in the light of the application of new imaging techniques an attempt has been made to characterise and systematise the underlying leak lesions. Schievink et al describe four types of spontaneous spinal CSF leaks: Type 1: Dural tear (26.6% cases, commonly associated with an epidural CSF collection) subdivided into Type 1A – ventral leaks (96%) and type 1B – postero-lateral leak (4%). Type 2: Meningeal diverticula (42.3%, associated with an epidural CSF collection in 22.1%), subdivided into Type 2A – simple diverticula (single or multiple) (90.8%), and Type 2B – complex diverticula or meningeal ectasia (9.2%), Type 3: CSF-venous fistulae (2.5%, never associated with epidural CSF collection), and Type 4 leaks – Intermediate/unknown source of leak (28.7%, 51.5% associated with epidural CSF collection).

In this poster we illustrate types 1-3 with clinical cases from our own cohort of patients with SICH.

**Conclusions:** The ability to appropriately investigate and identify the causative lesion in cases of refractory SICH is vital if targeted and definitive treatment is to be performed. Neuroradiologists should be aware of the techniques required and be familiar with the various types of potential leak and the varied appearances of the lesions involved.

**References:** A classification system of spontaneous spinal CSF leaks. WI Schievink, MM Maya, S Jean-Pierre, M Nuño, RS Prasad, FG Moser. Neurology 2016;87:673-679