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Venous sinus thrombosis, an uncommon but important cause of headache and stroke

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A 24 year female presented with on and off worsening headache 2 weeks and vomiting X2 episodes 1 day. Physical examination, pregnancy test and routine blood tests were normal and patient was discharged home on analgesia after CT scan and L.P (CSF exam) normal & negative for xanthochromia. Patient readmitted in ICU next day with lethargy, irritable, and witnessed seizure. Fundoscopy revealed mild blurring nasal margin left optic disc. Neurological examination mild right arm weakness but hemodynamically stable. Patient started on fosphenytoin, Acyclovir and PCR virology requested. CT venogram was done and reported as normal. Patient discussed with neurotertiary centre for advice and possible transfer who advised MRI/MRV which was not possible due to patient irritability, agitation and no facility of sedation available in radiology department. Scans were looked again and discussed with radiologist and noted to have sagittal sinus thrombosis with positive delta sign in previous CT venogram which was reported as normal. Patient was started on treatment for that and repeated non-contrast CT scan showed hemorrhagic infarct and confirmed previous diagnosis.

Conclusion: Fundoscopy is part of neurological examination/assessment to rule out secondary causes of headache as recommended by Nice guidelines. Measuring Opening pressure is important part of LP as it helps to narrow down differential. Opening pressure is high in Idiopathic I.C hypertension and venous thrombosis (which were top most d/d in this case).

Biography

Waqas Ilyas completed his MBBS in 2011 from the renowned University of health and sciences and is currently working as core medical trainee in East Cheshire NHS Trust.

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