

Thrombus in superior vena cava as a cause of venous stroke

J. Wojczal, P. Luchowski, K. Rejdak, Z. Stelmasiak

Department of Neurology, Medical University of Lublin, Poland

Thrombosis of superior vena cava is a common complication of malignancy, some cardiac and inflammatory diseases, and others. The most common symptoms are swelling of face, arms and chest-wall (87.6%) with associated venous congestion over these areas. We present a case of the patient with thrombosis of superior vena cava resulted in venous stroke. 71 years old man presented in ER with hemianopsia, somatosensory and visual hemineglect right side and confusion. In history the patient had paroxysmal atrial fibrillation, arterial hypertension and upper respiratory tract infection. Brain CT showed cerebral small vessel disease. On ultrasound small atheromatous plaques in both carotid arteries without hemodynamic abnormalities in extra and intracranial arteries were seen. On carotid examination however the abnormally enlarged right jugular vein and thrombosis with total occlusion of left jugular vein were found. Brain MR DWI/ADC showed ischemic focus in left occipital lobe accompanied by incomplete thrombosis of left sigmoid sinus and no flow in left jugular vein. Venous infarct was diagnosed. Hypokinetic right ventricle wall on transthoracic echo and thrombosis of superior vena cava with incomplete obstruction of venous lumen on transoesophageal echocardiography were found. Warfarin was administered. On one month follow-up there was echogenic blood with slow flow in left jugular vein and diameter of right jugular vein has been diminished. No neurological symptoms were present except of somatosensory hemineglect right side. On work-up no predisposing diseases were found. In a patient with common vascular risk factors a less common cause of stroke should be taken into account.