

VENOUS SINUS THROMBOSIS - INFECTIOUS ETIOLOGY VS. PROCOAGULANT STATE: A CASE REPORT

N.P. Vukasinovic, S.Z. Jolic, M.D. Zivkovic

Department of Neurology, Clinical Center Nis, Serbia

Patient S.M, 46, was hospitalized due to a crisis of consciousness, difficulty speaking and weakness of the right extremities. He was subfebrile T=37,6 C. Doppler blood vessels of the neck: the left jugular vein 25x15mm, incompressible, filled with thrombotic masses. CT of the brain: in the right frontal region, the right thalamus and bilaterally in the cerebellum older ischemia up to 30mm. In the left frontal region, as well as cortico subcortical more lower attenuation zone corresponding to subacute ischemic lesions. CTA: not showing the internal jugular vein on the left, not shown dural sinuses left. MRI a hemorrhagic stroke left frontal, chronic ischemia and thrombosis infratentorially and transversal and sigmoid sinus and jugular vein on the left. EEG global diffuse, nonspecific irritant to easily dysfunction, predominantly theta range of 5 to 6Hz rare and delta activity to 4 Hz or slower, intermittent to record and tense irritative waves predominantly over the right TL region, indicated by a tendency toward synchrony. Color Doppler arterial arm occlusion brachial artery stenosis change right along the radial and ulnar artery to the left. MSCT aortic occlusion a.axillaris dex axillary brachial crossing. Laboratory: WBC 13.4 to 39.36, Hol 9.68 HDL 1.36 LDL 7.7 LDH 621.8 CRP 6.1 to 153, Pct0.162. Applied after anticoagulation leads to reduction of right limb weakness. Vein thrombosis and venous sinus is a rare brain disorder, whose diagnosis is often overlooked because of its nonspecific clinical presentation.