

Cerebral venous sinus thrombosis in pregnancy

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Cerebral venous sinus thrombosis is a rare, multi symptomatic and a very serious complication in pregnancy. About 0,5-1% of all strokes are cerebral venous sinus thrombosis. Women are at three times higher risk of having a cerebral venous sinus thrombosis than men. In addition to that, it occurs 5,5 to 6 times more often during pregnancy than in general population of women. The most frequent symptoms and signs are headache (74%), focal seizures with or without secondary generalization (50%), impairment of muscle strength (38%), disturbance of consciousness (45%), visual impairment. Magnetic Resonance Venography (MRV) is a key method to investigate for venous thrombosis in pregnancy. The first line treatment for cerebral venous sinus thrombosis in pregnancy is body-weight-adjusted subcutaneous low-molecular weight heparin. When CVT occurs during pregnancy, anti-thrombolysis treatment should be considered as soon as the diagnosis has been confirmed, until at least 6 weeks after the delivery. The shortest accepted time of treatment are 3 months. The presence of CVT in the health history is not a contraindication for next pregnancy, but only on the condition that anti-thrombolysis treatment is provided. That treatment consists of body-weight-adjusted subcutaneous low-molecular weight heparin from the time of conception till 6 to 8 weeks after the delivery. The prognosis is auspicious.