

Clinical case: how to treat venous stroke in women in early postpartum period?

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Introduction: Venous stroke (VS) is a rare form of stroke due thrombosis of Trolard's and Labbe's veins (the frequency is from 0.1% to 3-5%). The important risk factors of the VS are pregnancy and the postpartum period in young women. Differential diagnosis and treatment of the VS cause certain difficulties. Case report: A 27-year-old postpartum woman was admitted to our clinic complaining of nausea, vomiting, numbness and jerking movements of the left limbs. 5 hours before she had general weakness and diffuse headache. Neurological examination revealed left-sided hemiparesis, Jacksonian seizures in the left hand. After CT and MRI, neuroimaging was performed, and the patient was transferred to the stroke unit with a diagnosis of hemorrhagic transformation of ischemic stroke (focal lesion of the right parietal lobe). Analysis of the cerebrospinal fluid was normal. EEG was registered convulsive readiness. CT angiogram showed VS due total thrombosis of the anastomotic vein of the right parietal lobe. She received carbamazepine, enoxaparin. After treatment, there was a clinical improvement. Result: Verification of VS is difficult due to the following features: a later appeal to the neurologist, which is most possibly due to the vagueness of the clinical symptoms of the disease, necessity to do detailed follow-up examination by a skilled neuroradiologist. Conclusion: Venous stroke causes difficulties in diagnosis due to the prevalence of general symptoms of the focal symptoms. Hemorrhagic transformation and development of epilepsy are frequent complications of the venous stroke. Can we use thrombolytic therapy by VS?