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P225 - Cerebral sinus thrombosis following minor head injury: A case report

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Resumen

Introduction: Cerebral sinus thrombosis (CST) following closed minor head injury is a rare disease with significant potential serious neurological complications and high mortality rate. Although early diagnosis is crucial to prevent complications, the diagnosis of CST is not easy because of the rarity of occurrence, frequent anatomic sinus variants, and their pitfalls. Therefore, a high degree of suspicion is the most important factor in the diagnosis.We report one case of CST after minor head injury with a literature review

Case report: A 63-years-old female fell after a struck by motor vehicle. She had a mild, intermittent headache and nausea one day after the incident. Her neurological state was normal, except a mild facial right paralysis. Unenhanced CT scan revealed a linear fracture of mastoid segment of right temporal bone, small sulci subarachnoid hemorrhage, and contralateral left temporal lobe subcortical hematoma. When compared to the left side, higher hyperattenuation just below the fracture tract lesion in the right sigmoid sinus was found. CT venography showed central filling defects in the right sigmoid sinus, jugular bulb a proximal jugular internal vein, which was confirmed to be a sigmoid sinus thrombosis. Although several articles recommend anticoagulation therapy (ACT) and even aggressive treatments, the patient was treated conservatively because symptoms were mild, gradually improved, and she had an intracerebral hematoma that could grow with ACT. She was discharged with full recovery.

Discussion: Despite the fact that the diagnosis of CST should be made early, with a high degree of suspicion, treatment planning should be based on clinical findings, and patients with CST from minor injury and history of intracranial bleeding should be treated conservatively with adequate monitoring of complications.