

Clinical and etiological profile of cerebral venous thrombosis in internal medicine

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Introduction:

Cerebral venous thrombosis (CVT) is a rare but serious form of venous thrombosis and represents an emergency. Diagnosis is based on clinical and radiological signs and requires a meticulous investigation for aetiology. The aim of this study was to describe the epidemiological, clinical, biological, aetiological, therapeutic and evolutionary features of CVT in an internal medicine department.

Methods:

A descriptive, retrospective, single-centre study of the records of patients treated in internal medicine between 2000 and 2023 for which VCT was selected.

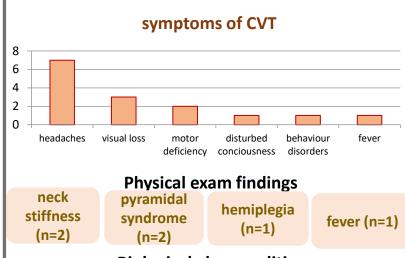
Results:

We included 10 patients. sex ratio F/H= 1.25).

The median age at diagnosis was 29.5 years [20-83].

Relevant history findings:

- •Behcet's disease (n=1)
- a history of thrombosis n=2
- cardiovascular risk factors (active smoking and sedentary lifestyle) n=2.



Biological abnormalities

- biological inflammatory syndrome (n=5)
- antiphospholipid antibody positivity (n=2).

Aetiologies

Aetiology	Number
antiphospholipid antibody syndrome	n=3
Behçet's disease	n=2
granulomatous polyangiitis	n=1
major hypereosinophilia	n=1
post-partum context	n=1
idiopathic	n=1

•A diagnosis was made on cerebral angioscan and/or cerebral MRI. The superior longitudinal sinus was the most prominent topography (n=3). Management:

curative anticoagulation combined with aetiological treatment.

•The sequelae were dominated by chronic headaches (n=3) and only one case of recurrence was noted.

Conclusion:

- A diagnostic and therapeutic emergency.
- Heterogeneous clinical and radiological manifestations.
- Cerebral MRI angiography remains the gold standard.
- CVT may be indicative of several diseases. In our study, inflammatory and autoimmune causes predominated.
- Appropriate management can minimize neurological damage and improve vital and functional prognosis.
- The duration of anticoagulation depends on the etiology.