

A DIAGNOSTIC DILEMMA: POSTPARTUM CORTICAL VENOUS THROMBOSIS

AN UNUSUAL PRESENTATION OF POSTDURAL PUNCTURE HEADACHE

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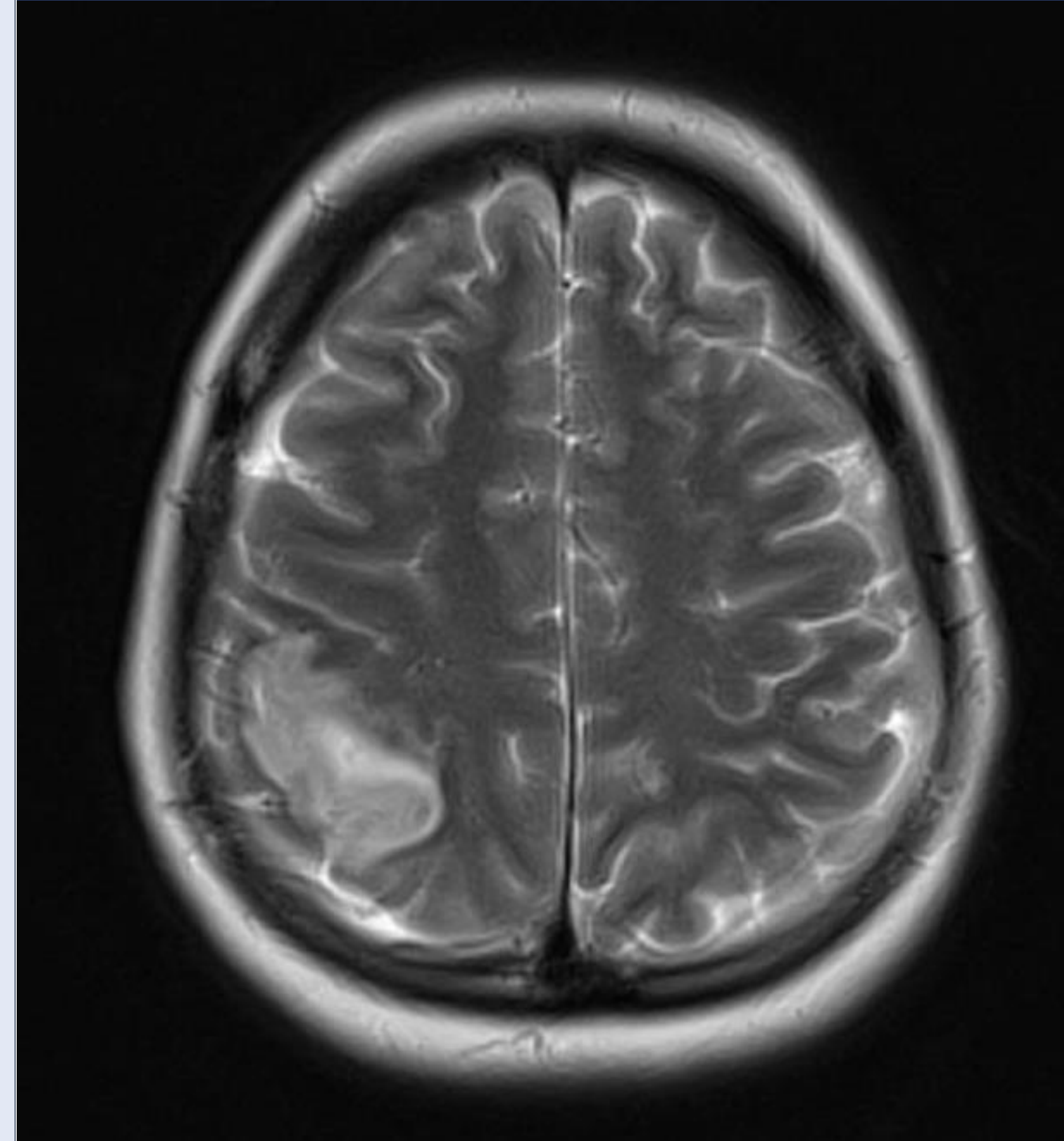
INTRODUCTION

- The physiologic changes that occur during pregnancy can put women at a higher risk for vascular-related abnormalities, such as cerebral venous thrombosis, hemorrhagic stroke, and hypertensive disorders of pregnancy like preeclampsia, posterior reversible encephalopathy syndrome, and reversible cerebral vasoconstriction syndrome.
- Epidural analgesia is a common form of pain relief during labor but has been associated with postdural puncture headache.
- If left untreated, postdural headache can cause intracranial hypotension leading to cerebral venous thrombosis in rare cases .
- Cerebral venous thrombosis can have a fatal complication of the postpartum period.

CASE PRESENTATION

- ❖ A 28 years old, P1 6 days post partum, low dependency pregnancy (BMI-26.2), presented to A&E with history two episodes of GTCS . No current symptoms of headache or blurring of vision. She had delivered by Nbfd under Epidural Anaesthesia .
- ❖ She had an Epidural blood patch for Postdural Puncture headache as had a history of headache – occipital, triggered by standing and improving on lying down x 5 days. She was completely asymptomatic.
- ❖ Further examination –
- ❖ Blood Pressure was – 147/89.
- ❖ Neurological examination – normal
- ❖ Urine dipstick –NAD
- ❖ Inj MgSO4 – Loading dose of 4 gram given follow by maintenance dose. She however continued to have further seizures.
- ❖ **MDT with Neurology was done.**
- ❖ MRV showed a **localised thrombosis of the right superior anastomotic vein of Labbe.**
- ❖ Low molecular Heparin commenced for 2 weeks followed by Warfarin x 6 months.

MRV FINDINGS

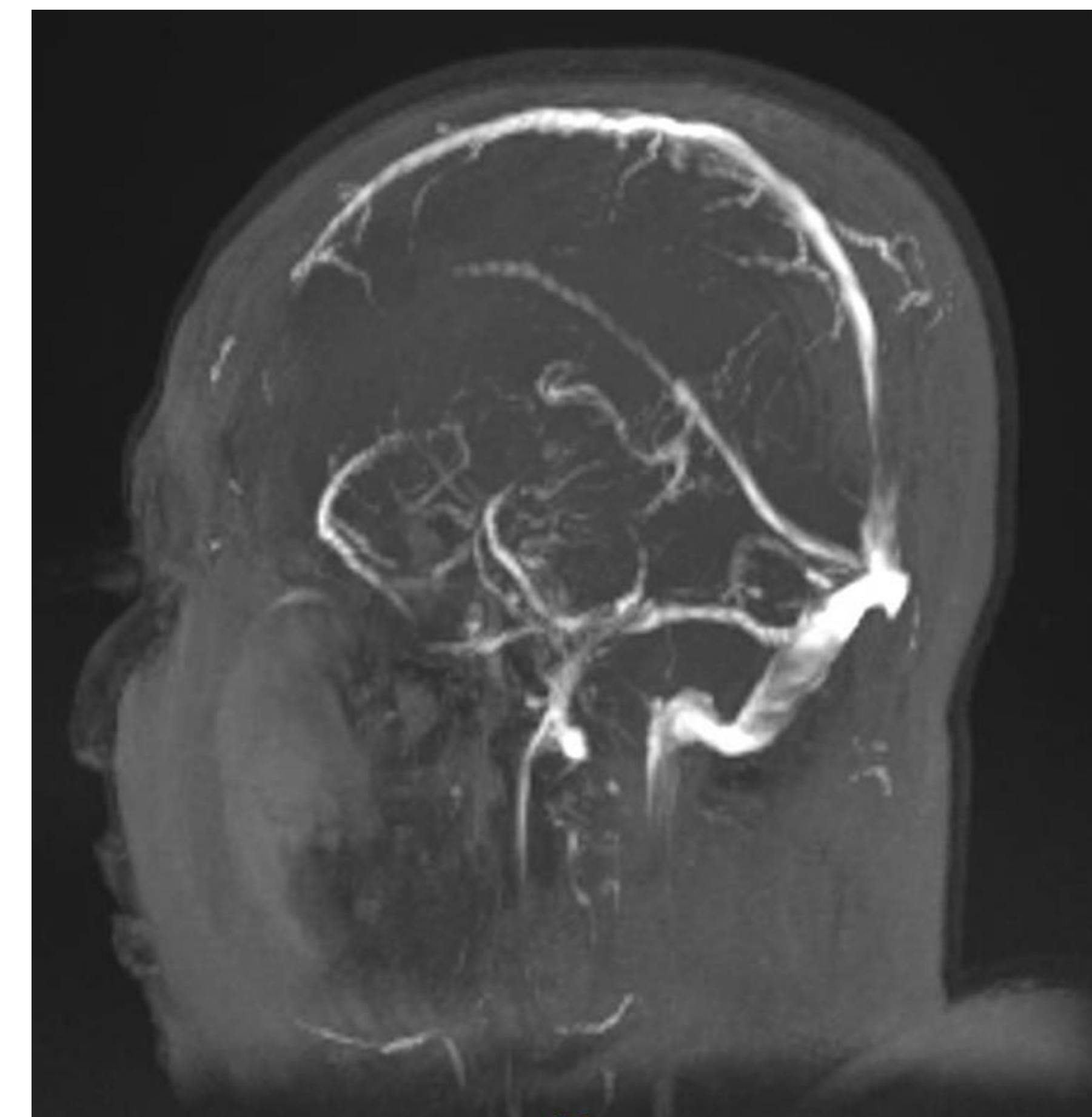


MRI BRAIN-

There is a localised area of subcortical oedema noted in the right parietal lobe. Tubular and spotty areas of gradient echo and SWI signal voids are noted in the overlying parenchyma and in the form of a dilated tube extending upward and at the level of the superior sagittal sinus. In addition to the high T2 shine through noted in the same location on the DWI sequences, there are also scattered, superficial areas of restricted diffusion noted on top.

MRV-

absent flow signal at the bottom of the superior sagittal. There is a particularly prominent irregular vessel in the location of the right superior anastomotic vein of Labbe with absent filling of other right posterior frontal or parietal veins.



DISCUSSION

- ❑ Cerebral venous thrombosis can be a fatal complication of the postpartum period.
- ❑ The incidence of venous thrombosis during pregnancy or in the puerperium has been reported to vary from 0.018 to 0.2% .
- ❑ Because 13.4% of CVT patients are known to be at an increased risk of an unfavourable outcome , it is important to diagnose and treat the condition correctly.
- ❑ Pregnancy-induced hypertension, migraine, intracranial bleed, cerebral vein thrombosis, cerebral tumour and meningitis are included in the differential diagnosis of persistent headache in the puerperium.
- ❑ Pregnancy and postpartum status is conceivably one of the most common risk factors and misdiagnosis of CVT as an eclampsia seizure can be frequent.

CONCLUSION

- ❑ We experienced postpartum cerebral venous thrombosis misdiagnosed as postdural puncture headache.
- ❑ We hope that this case report would be helpful in situation which a postpartum young woman complains of neurological symptoms in spite of management for headache including autologous epidural blood patch.

REFERENCES

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