

Successful pregnancy after previous cerebral venous thrombosis-a case report.

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Objective

Pregnancy and puerperium are associated with an increased risk of venous thrombotic events (VTEs), including cerebral venous thrombosis (CVT). The Safety of Pregnancy in woman with previous Cerebral Venous Thrombosis has been questioned as regard to the risk of recurrence and pregnancy outcome. Furthermore ,this case will highlight the importance of psychological support throughout the pregnancy ,after the previous traumatic pregnancy experience.

Case presentation

A 31 –year-old para 4 Egyptian woman with successful pregnancy after previous CVT. Her previous pregnancy was complicated by a cerebral venous sinus thrombosis at 15 weeks pregnancy, she was managed by heparin infusion then therapeutic low molecular weight heparin (LMWH), thrombophilia screen came negative . Gradual improvement in her symptoms till complete recovery (evidence of recanalization of the Dural sinuses on MRV) She had close follow up of her pregnancy which went smooth thereafter, a part from developing GDM controlled with insulin. She had elective repeat cesarean section at 38 weeks with alive baby boy, then continued on low molecular weight heparin for 6 weeks post-partum. 15 months later, **she attended as 8 weeks pregnant**. We had that mixture of surprise , suspicion , uncertainty and even fear from what could happen this time.

Early involvement of neurologist and hematologist was advised. She was started on prophylactic fixed low dose LMWH 40 milligram once daily throughout her pregnancy with close follow up offering not only clinical care but most importantly emotional and psychological support with generous clinic time and out of hours direct contact number, in case she had any concern, her husband was encouraged to play an active role in her support.

Pregnancy went uneventful, apart from a recurrent GDM controlled with oral hypoglycemic. A planned repeat elective cesarean section was done at completed 37 weeks with alive baby girl. Post- partum LMWH dose was increased to 60 milligram once daily for 6 weeks.

Discussion

The safety of pregnancy after previous CVT has been questioned and whether to advise against future pregnancy is appropriate. This case adds to the evidence and illustrates the management and outcome of pregnancy after a previous CVT in a case with a negative Thrombophilia .The previous traumatic pregnancy experience and how it was addressed is another important part of her care.

Conclusion

This case support that, in selected patients after good counselling about possible risks, opting for pregnancy after CVT could be an option with good support and follow up.