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A RARE CASE OF CEREBRAL SINUS VENOUS THROMBOSIS

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INTRODUCTION

Cerebral venous thrombosis (CVT) is the occlusion of venous channels in the cranial cavity, including dural venous sinus thrombosis, cortical vein thrombosis and deep cerebral vein thrombosis. They often co-exist and the clinical presentation among them is very similar and non-specific .Many etiologies are often associated with CVT. Exogenous include pregnancy and purperium , steroids oral contraceptive pill very common cause in female patients <50 years of life e.g sickle cell disease and factor v leiden mutations skull abnormalities/trauma compressing mass e.g. meningioma, infections especially dural venous sinus, systemic illness

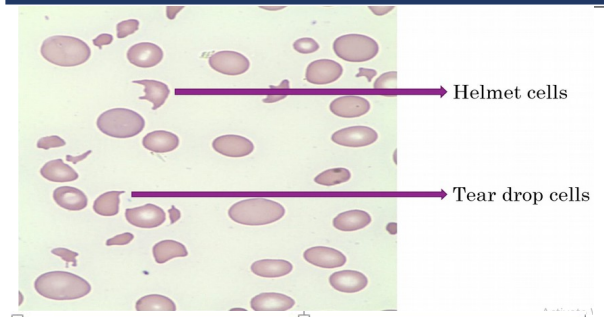
AIMS / OBJECTIVES

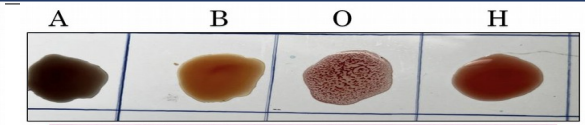
Evaluating the etiology of cerebral venous sinus thrombosis in a young female with anemia and bleeding diathesis.

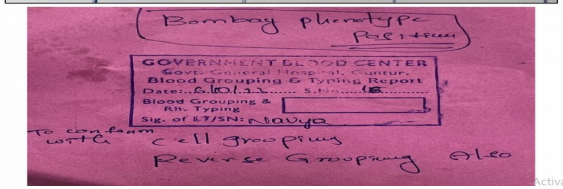
MATERIALS / METHODS

32 year old female presented with history of menorrhagia since 2 months . She was diagnosed to have THROMBOCYTOPENIA secondary to ITP. She was admitted in a private hospital and she received multiple blood transfusions. and with every transfusion she had some reactions like chills and rigors , hematuria and fatigue .
One month later she presented with chief complaints of headache with blurring of vision and new onset seizures to the neurology department. Headache was suggestive of raised Ict with there is papilledema in both the eyes along with sub conjuctival haemorrhage and ecchymosis on the skin. MRI BRAIN WITH VENOGRAM suggestive of superior saggital sinus thrombosis. Peripheral smear showed thrombocytopenia with schistocytes .coombs test(I) was positive . Her initial BGT reported as O POSITIVE. CBP showed anemia with thrombocytopenia with plenty schistocytes and creatinine and urea were elevated .In view of both thrombosis with thrombocytopenia HEMOLYSIS and RENAL FAILURE we suspected TTP-HUS. Etiology of TTP was extensively evaluated and with history of repeated transfusion reactions we sent for reverse blood group typing and found that patient had BOMBAYBLOOD GROUP . ADAM TS 13 LEVELS were sent and they were found to be low . This mismatched transfusion caused venous thrombosis.

RESULTS & DISCUSSION







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Thrombotic thrombocytopenic purpura secondary to ABO group incompatible blood transfusion in a patient after cardiac surgery

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CONCLUSION

BOMBAY BLOOD GROUP is associated with low levels of ADAMTS 13. ADAMTS levels controls the activity of VWF in the blood. Its deficiency is associated with circulating pathological multimers of VWF causing TTP and multiorgan failure.
So prompt identification of etiology is necessary for treating CVT.
We referred the patient for Bombay blood group transfusion. she was stable after transfusions and started her on acitrom after her platelets returned to normal levels. she is underfollow up and doing well