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Case Report: Post-Partum Headache

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Case Report: Post-Partum Headache

Alaleh Ebrahimi DO

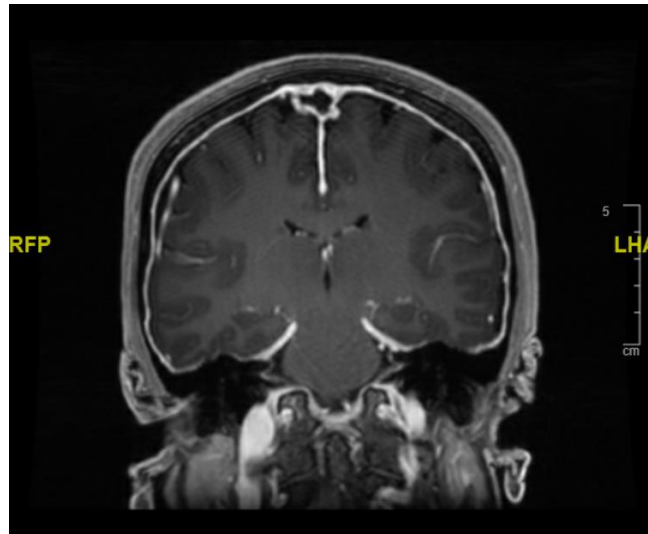
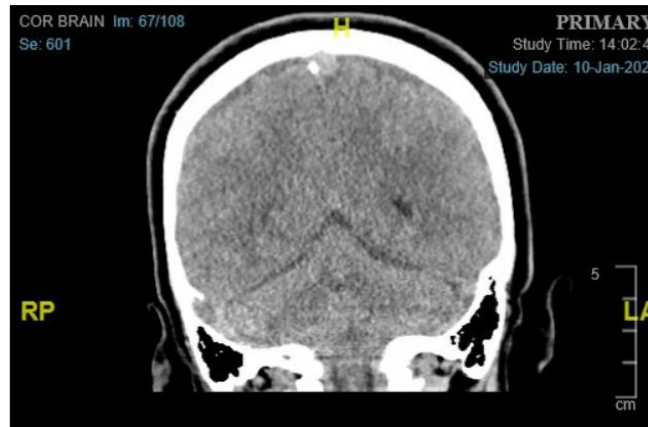
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Introduction

Cerebral venous sinus thromboses are rare and occur in 5 people/1,000,000, more commonly in women that are pregnant at about 202/100,000 deliveries with an 11.63% mortality rate. It is believed that pregnancy being a hypercoagulable state is one of the main reasons that it is more common in pregnant and post-partum women. Common symptoms include sudden onset headache, blurry vision, focal neuro deficits, seizures and altered mental status.

Case Report

- 27 y/o G1P1 female presenting with persistent postural headaches and diplopia 2 weeks post partum
- Received an epidural at the time of the delivery and pregnancy was complicated by gestational HTN and Pre-eclampsia
- Had multiple visits to an outside ER and had undergone multiple tests including CT scans and MRIs of the head and followed up with ophthalmology and neurology without any diagnosis or improvement in symptoms
- A repeat CT scan was done which showed increased density of the sagittal sinus and prominence of the subdural sinuses which were not present initially. This prompted us to obtain an MRV of the brain to assess for a dural venous thrombosis



Discussion

The patient's symptoms were first thought to be related to a spinal headache and she originally came in for a blood patch, however, spinal headaches typically resolve a few days later. Although there have been case reports of diplopia in cerebral venous sinus thrombosis, it is not a common finding and usually is due to abducens nerve palsy, however, no obvious signs of it were noted on this patient's physical exam. It is unclear what is the cause of this patient's diplopia in this case. It is important to note that although the patient has multiple CT scans and MRIs prior to arrival to our emergency department, an MRV has not been done up until that point. A very subtle finding on the repeat Head CT lead us to scan the patient to assess for a cerebral venous sinus thrombosis. Although, rare it is important to consider this on your list of differentials so that you may order the proper imaging as routine imaging will likely miss it.

Conclusion

The patient was started on Pradaxa when discharged from the hospital. Approximately 2 months later, a repeat MRI was done which showed recanalization of the superior sagittal sinus. Headaches are improving, however diplopia and dizziness have persisted. Pt still on A/C at this time and still need further follow up with ophthalmology.

References

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