**THE DILEMMA: TO COAGULATE OR ANTICOAGULATE?**

**THE MANAGEMENT OF SIMULTANEOUS INTRACRANIAL BLEEDING WITH CEREBRAL VENOUS THROMBOSIS (CVST)**

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ABSTRACT

INTRODUCTION

Cerebral Venous Sinus Thrombosis (CVST) associated with subarachnoid haemorrhage (SAH) is very rare and an uncommon presentation, with less than a hundred cases reported worldwide. It is even rarer to have a combination of SAH with SubDural Haemorrhage (SDH) due to CVST. The presence of SAH (intracranial bleed) alongside CVST adds complexity to the diagnostic process due to overlapping symptoms potentially leading to a missed or delayed diagnosis. Urgent neuroimaging plays a pivotal role in the workup of these cases. Furthermore, it poses an important treatment dilemma due to the simultaneous presence of bleeding and thrombosis at the same time.

CASE DESCRIPTION

A 69 years old Malay male, with underlying diabetes, hypertension and hyperlipidaemia was brought into Yellow Zone via ambulance. He initially presented with right sided body weakness associated with presyncopal episode hours prior to arrival. Immediate Non Contrast CT head showed SAH with lacunar infarct. Initially was started on antifibrinolytic. Patient subsequently developed focal seizure with secondary generalisation which then progressed into status epilepticus and was mechanical ventilated.

A CT contrast (Venogram) was then performed which revealed CVST with worsening SAH and a concurrent SDH. There were massive intracerebral haemorrhage with obstructive hydrocephalus.

Patient was then transferred to Hospital Sultanah Nur Zahirah (HSNZ) under the care of Neuromedical team. The patient was started on anticoagulant. He made a drastic improvement and was extubated the very next morning. Unfortunately, things took a bad turn when he deteriorated on the same day and sadly succumbed to death on Day 5 of admission.

DISCUSSION

The patient had worsening intracranial bleed despite conventional treatment of CVST with anticoagulation. The role for urgent local thrombolysis and thrombectomy under interventional radiology remain mysterious in managing CVST with worsen SAH.

CONCLUSION

The dilemma in this case is what is the best initial treatment for a patient presented with intracranial bleed secondary to CVST. Most case reports focussed on the anticoagulation; however there is very little discussion on the topic of – worsening bleeding despite treatment with anticoagulation. Hence the dilemma ‘to coagulate or anticoagulated?’

KEYWORDS:

Cerebral venous sinus thrombosis, subarachnoid haemorrhage.