**Masquerades of the Insidious Cerebral Venous Thrombosis:   
A Case Series**

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**Introduction**

Cerebral venous thrombosis (CVT) is a form of venous stroke which can present with diverse clinical manifestation contributing to its high rate of misdiagnosis in Emergency Department.

**Case 1**

35-years-old man, presented with headache and dizziness for 4 days with persistent vomiting more than 10 episodes today. Examinations revealed slow mentation, positive left sided cerebellar signs. Computed Tomography (CT) Brain showed hyperdense lesion over occipital region and was treated as occipital and tentorial subdural haemorrhage. Computed Tomography Arterial (CTA) Brain revealed extensive cerebral venous sinus and cortical vein thrombosis with venous infarct. Patient was started on subcutaneous Enoxaparin. He eventually deteriorated in the ward and repeated CT showed worsening infarct with midline shift. Right decompression craniectomy was done but he eventually succumbed to the complications of the disease.

**Case 2**

43-years-old Somalian lady with underlying hypertension presented with one month history of persistent headache over occipital region with vomiting 6 episodes for 2 days. GCS on arrival was 14/15 with left sided hyperreflexia and clonus. CT Brain showed Right temporo-occipital intraparenchymal haemorrhage. CTA showed extensive venous thrombosis with haemorrhagic transformation. Prophylactic phenytoin was started with subcutaneous Enoxaparin. Neurosurgical team decided for conservative management and patient was subsequently discharged with long term anticoagulant.

**Discussion**

CVT is the presence of blood clot within the dural venous sinuses and the cerebral veins1.

Most common presenting complaint is headache (90%). Other signs and symptoms include visual disturbances, seizures and focal neurological deficits. Risk factors may include younger women on oral contraception, pregnancy, postpartum, acquired thrombophilia2. CT Venography and magnetic resonance imaging (MRI) are gold standard imaging for diagnosing CVT, but may not be readily available in emergency setting. In a non-contrast CT, look for direct signs like direct visualization of thrombus (dense vessel sign) and serpiginous hyperdensity within a vein (string sign). Indirect signs like haemorrhagic infarction, cerebral oedema and hypodensity not conforming to typical wedge-shaped infarction and not limited to specific arterial territories3.

**Conclusion**

Headache with warning signs requires further neuroimaging and early recognition of CVT from non-contrast CT in emergency department is crucial in initiating appropriate treatment.

**Keywords**

Cerebral Venous Thrombosis

**References**

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