Clinical Vignettes

An Uncommon Cause of Headache

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LEGEND:

A healthy 46-year-old Caucasian woman complained of a 4-week history of progressive left-sided headache, nausea and vomiting. One week after symptom onset, computed tomography (CT) of head was normal. Three weeks later, she presented with blurry vision, left otalgia, tinnitus, and hearing loss. Physical examination demonstrated bilateral papilledema, exquisite tenderness of the left mastoid prominence and calvarium. Brain magnetic resonance imaging (MRI) with venography showed increased signal on T1-weighted images (Panel A) and absence of flow (Panel B) within the left transverse, sigmoid sinuses and left internal jugular vein consistent with extensive cerebral venous thrombosis (CVT).

The patient did not take oral contraceptives and hypercoagulable evaluation demonstrated lupus anticoagulant. A search for underlying malignancy revealed adenocarcinoma of the lung. CVT is uncommon, with an incidence of <1/100,000 annually. Half of adult patients have multiple risk factors, including prothrombotic conditions, pregnancy or puerperium,

malignancy, or otogenic or central nervous system infection. Headache is the most common presenting symptom; the presence of risk factors and signs of increased intracranial pressure should raise the suspicion of CVT. Abnormal signal on brain MRI and corresponding absence of flow on MR venography is diagnostic. Treatment involves anticoagulation, control of elevated intracranial pressure and correction of the underlying etiology. She received full anticoagulation and on hospital day 10 developed cardiac arrest and expired, presumably due to massive pulmonary thromboembolism.

Conflict of Interest: None disclosed.

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