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SHORT COMMENTARY

Comment on "cerebral venous thrombosis in Behcet's disease: a systematic review"

Afshin Borhani-Haghighi · Anahid Safari

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Aguiar de Sousa et al. nicely described different aspects of cerebral venous sinus thrombosis (CVST) in Behcet's disease (BD) [1] but there are some issues to be discussed further.

Central nervous system neurological manifestations of BD (NBD) can present as parenchymal and non-parenchymal NBD. CVST is the main subgroup of non-parenchymal NBD. Parenchymal and non-parenchymal NBD have different epidemiologic, clinical, radiologic and prognostic characteristics. Nevertheless, mixed patterns can be considered in some patients [2].

The most important unresolved question is if CVST ethio-pathologically more linked to parenchymal NBD or other non-neurological vascular manifestations of BD such as superficial or deep thrombophlebitis? In a Turkish study CVST in BD was strongly associated with other major vascular involvement in one study [3]. There was significant difference between CSF IL-6 levels at the attack period between parenchymal NBD and CVST [4].

Another interesting issue is rarity of venous infarction in CVST associated with BD. In two Turkish [5] and Iranian [6] studies, focal abnormalities in CT or MRI were seen in only 6% and 12.5% of patients with BD and CVST in comparison to 25% parenchymal edema and 32% hemorrhage in patients with general CVST [7]. Yesilot et al., considered endothelial abnormal function rather than true thrombophilic state and "delayed spreading of the thrombus to the cortical veins" to explain this phenomenon [5].

As far as treatment of CVST in BD, as Aguiar de Sousa et al. mentioned, there are two major school. Some authors do not recommend anticoagulation just like deep vein thromboses associated with BD. They rationalized that the primary pathogenesis was the inflammatory process in the vessel wall induced thrombogenesis [8]. Nevertheless, other reasoned this policy could be dangerous in a potentially fatal condition like CVST and advocated short term anti-coagulation adjuvant to anti-inflammatory agents [9]. Statistical comparison of outcomes like case fatality rate or morbidity in patients treated with these regimens would have been very helpful.

Conflict of interest None.

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A. Borhani-Haghighi
Transgenic Technology Research Center,
Shiraz University of Medical Sciences, Shiraz, Iran

A. Borhani-Haghighi · A. Safari
Departments of Neurology, Shiraz University of Medical Sciences, Shiraz, Iran

A. Borhani-Haghighi (✉)
Deparment of Neurology and Psychiatry, School of Medicine,
Saint Louis University, Saint Louis, MO 63104, USA
e-mail: borhanihaghighi@yahoo.com

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