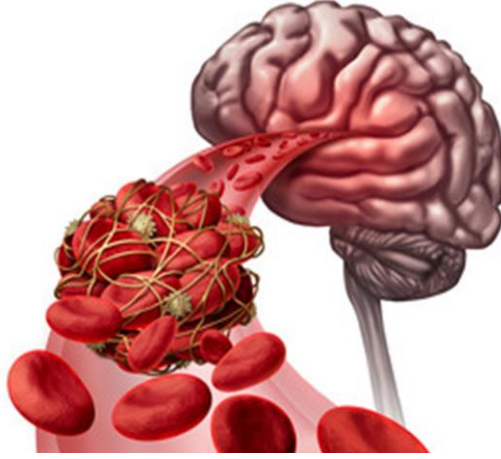




تجمع الرياض الصحي الثاني
Riyadh Second Health Cluster
شركة الصحة القابضة



Cerebral Venous

Introduction:

Cerebral venous thrombosis (CVT) is a rare condition; it has an estimated annual incidence of 1.5 cases/100,000 person. This disorder is more common among newborns, children and among young adults. It is more common in women than men, and the average age starts from 39 years.

Risk factors:

**Previous
Thrombosis**

**Birth Control
Pills**

**Pregnancy And
Postpartum
Period**

Cancer

**Infectious
Diseases**

Head Trauma

Clinical symptoms:

Headaches

Brain disorder

Fluid Collection in the eye

Instability

Epliptic attacks

Confusion

Altered State Of Consciousness



Diagnosis:

Magnetic Resonance Imaging (MRI)

MR venography

Head CT (computed tomography)

Treatment:

Anticoagulants:

Both unfractionated heparin (UFH) and low-molecular-weight heparins (LMWHs) are primary options in treating cerebral venous thrombosis (CVT) based on the recommendations of the American Heart Association/American Stroke Association (AHA/ASA). Use of heparin and (LMWHs) followed by vitamin K antagonists (i.e., warfarin) for 3-6 months (depending on the initial diagnosis and associated symptoms), is appropriate for (CVT) patients with cerebral hemorrhage.

Anticoagulants for children:

The American College of Chest Physicians (ACCP) recommends using unfractionated heparin or (LMWH), followed by vitamin K antagonists (i.e., warfarin) for treating initial anticoagulation for children with (CVT) but without severe intracerebral hemorrhage. The treatment plan shall be for a period not less than three months. Other medications may also be used based on the accompanying symptoms, such as: epilepsy or headache.

لأن الوعي وقاية

إدارة التشخيص الصحي

Internal medicine