



POSTER

## A big dilemma in a tiny patient

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### Abstract

Cerebral venous thrombosis (CVT) has an incidence of about 0.6/100.000/year in children, with male predominance. Of these, 30-50% of patients are newborn. Anticoagulation is the standard of care. An 8-day-old male, presented with excessive weight loss (17%), progressive anorexia and somnolence. There was no history of major complications during pregnancy or labour, except for gestational diabetes. At the emergency department, the patient was lethargic and physical examination revealed signs of dehydration, normotensive fontanel and no fever. The newborn was admitted to the neonatal unit with the suspicion of urinary infection and began treatment with antibiotics and IV fluids. Lab work showed elevated c-reactive protein (7mg/L) and hypernatre-

mia (159mEq/L), with no leucocytosis. In the following day, after two episodes of tonic-clonic seizures, the MRI revealed extensive bilateral deep and superficial CVT, with signs of left hemisphere venous congestion. The patient started subcutaneous enoxaparin and was submitted to endovascular treatment. Arterial catheterization confirmed extensive CVT and after a venous approach, 4mg of recombinant tPA was administered directly into the thrombus in the superior sagittal sinus and mechanical thrombectomy was performed, with stent retriever. There was significant venous drainage improvement. Conclusion: Although endovascular treatment in cerebral venous thrombosis is not consensual and patient selection is controversial, it can be lifesaving.

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