Cerebral venous sinus thrombosis presenting in the puerperium ►

Cerebral venous sinus thrombosis (CVST) is an uncommon disorder that can present with a wide range of signs and symptoms. We discuss a case presenting in the puerperium of a young female and the investigations undertaken. A 27 year old post partum female who had a 10 day history of an increasing dull headache presented to the emergency department with three tonic clonic seizures over a 90 minute period. The seizures were controlled with intravenous lorazepam and a loading dose of intravenous phenytoin. An MRI venogram out of hours confirmed a left transverse venous thrombosis. Low molecular weight heparin and oral phenytoin were commenced

with warfarinisation later. CVST has a variety of differing clinical presentations ranging from isolated headaches to deep coma. The diagnosis is usually made with Magnetic Resonance Venography. It allows direct visualisation of the dural venous sinuses and the large cerebral veins. Treatment options include anticoagulation, thrombolytic therapy and in some cases surgical thrombectomy. CVST is a potentially life threatening condition if it is undiagnosed but it remains a treatable disorder. The diagnosis should be considered in all women presenting with neurological symptoms during pregnancy or the puerperium.

▲ Malik A, Acheson J. Cerebral venous sinus thrombosis presenting in the puerperium. *Emerg Med J* 2006;23:e44. <http://emjonline.com/cgi/content/full/23/7/e44> doi: 10.1136/emj.2006.035550.

IMAGES IN EMERGENCY MEDICINE

Spontaneous sublingual haematoma resulting in airway obstruction

An 83 year old man presented to the emergency department for a gradually growing, painless soft mass beneath his tongue. On arrival, the patient was drooling, orthopnea, and had slurred speech. He denied any history of trauma, fever, or anticoagulant use. The physical examination showed a purple-red, non-tender soft mass beneath the patient's tongue. The white cell count, platelets, and coagulation tests of the patient were all within normal limits. Lateral neck film reveals a soft tissue mass extending from the tongue to the level of thyroid cartilage. Because of the symptoms of upper airway obstruction, his airway was controlled by nasotracheal intubation and he received emergent operation. The surgeon found and ligated an active bleeding branch of the lingual artery along and evacuated a large sublingual haematoma. His postoperative course was uneventful.

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Figure 1 The arrowheads delineate a large sublingual haematoma.