The SARS-CoV-2 virus is responsible for COVID-19 infection. There have been very few cases reported of thrombotic complications in the pediatric age group

Our aim is to highlight to venous complications of COVID-19 infection and solutions to resolve the problem.

METHOD

We report the case of a threeyear-old girl exhibiting transverse venous sinus thrombosis who tested positive for COVID-19 antibody

A three-year-old girl presented with acute unilateral sixth nerve palsy. The patient had developed COVID 19 infection 15 days previously. She had no history of COVID 19 vaccination with positive SARS-CoV-2 spike protein antibody. Her prenatal, natal, and postnatal history, and intellectual and motor development were uneventful. Ocular examination revealed unilateral sixth nerve palsy and bilateral papilledema (Figure 1). Magnetic resonance venography showed right sinus vein thrombosis (Figure3).

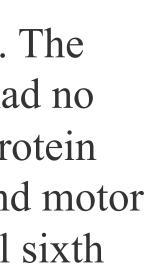
She was immediately taken to the digital subtraction angiography unit, and selective venous thrombectomy was performed (Figure 3). The patient was subsequently treated with high-dose fraxiparine.

Increased intracranial pressure during hospitalization was relieved with intermittent lumbar puncture. Control MR imaging revealed venous flow in the right transverse venous sinus, and her eye movements were free in all directions. Because, intermittent lumbar punctures did not revealed intracranial pressure, a lumboperitoneal shunt was placed to the patient (Figure 4).

A Child with Cerebral Venous Thrombosis Secondary to COVID 19 Infection Successfully Treated with Thrombectomy

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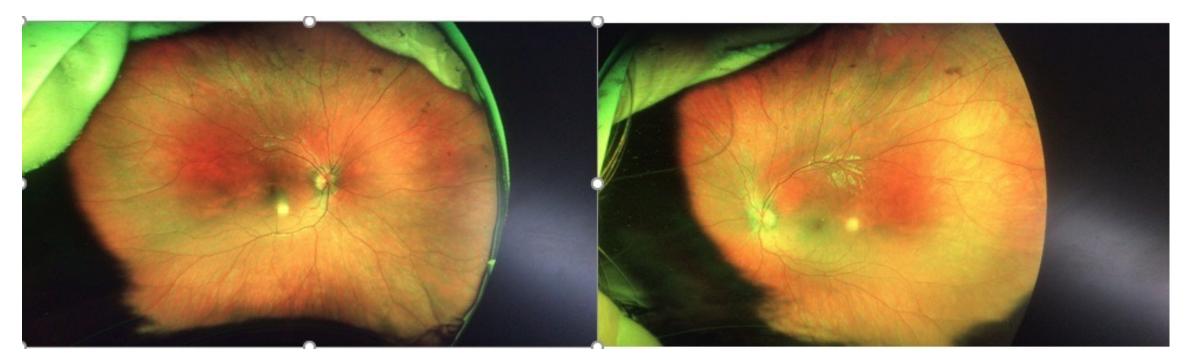


Figure 1 refers to the bilateral papiledema

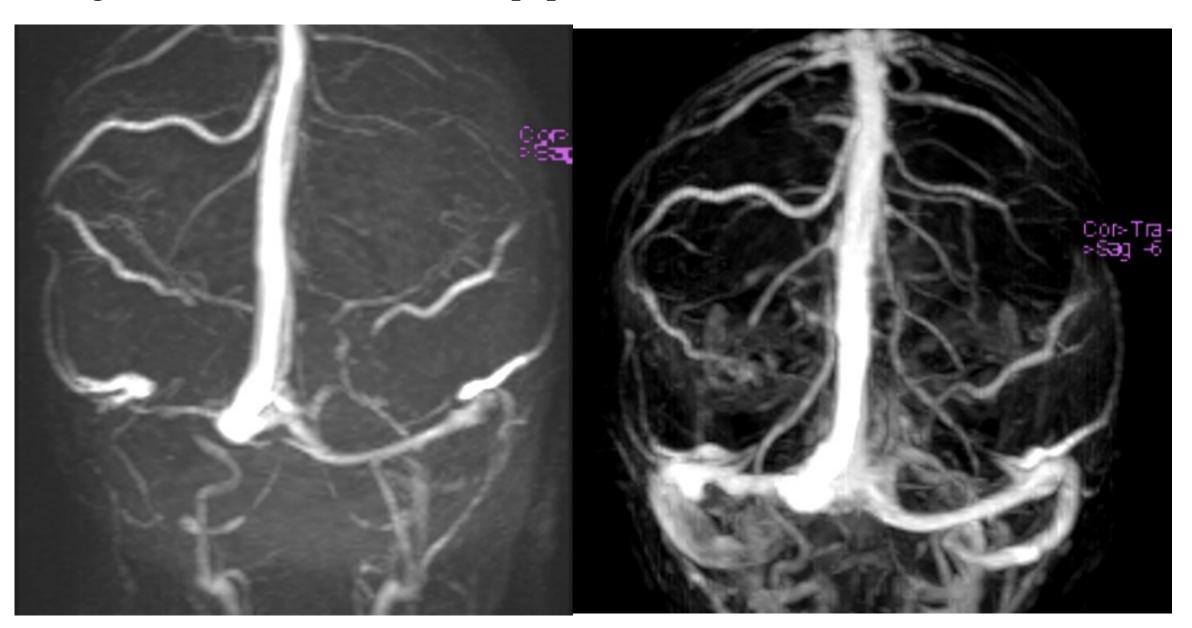


Figure 2 refers to the right vein thrombosis before and after the thrombectomy

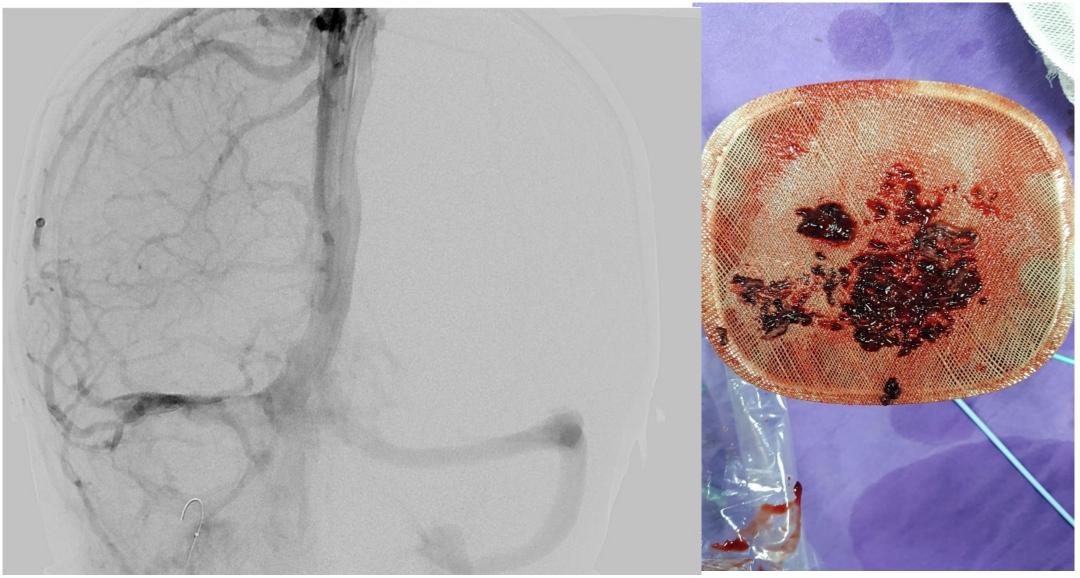


Figure 3 refers to the digital subtraction angiography and the thrombus



Although rare, SARS-CoV-2 infection may cause cerebral venous thrombosis. Children with severe headache and/or cranial nerve palsy should be evaluated accordingly.

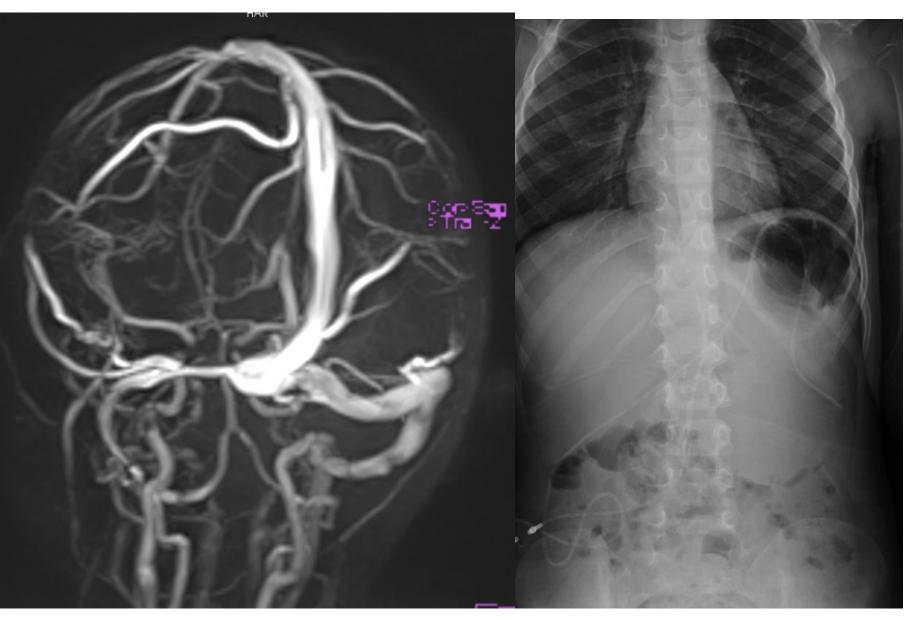


Figure 4 refers to the current sinüs veins and the lumboperitoneal shunt

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