

Trombosis venosa cerebral



Sergio Morales Gabriel (Rotatorio Pediatría)
Olga Gómez López



Servicio de Pediatría, HGUA



Anamnesis + exploración física

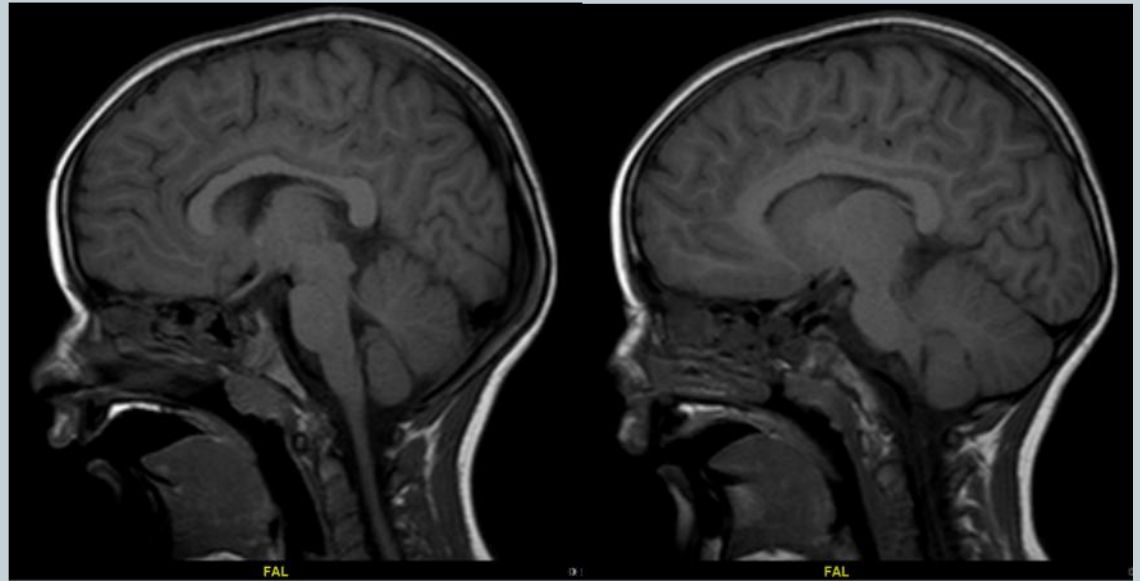
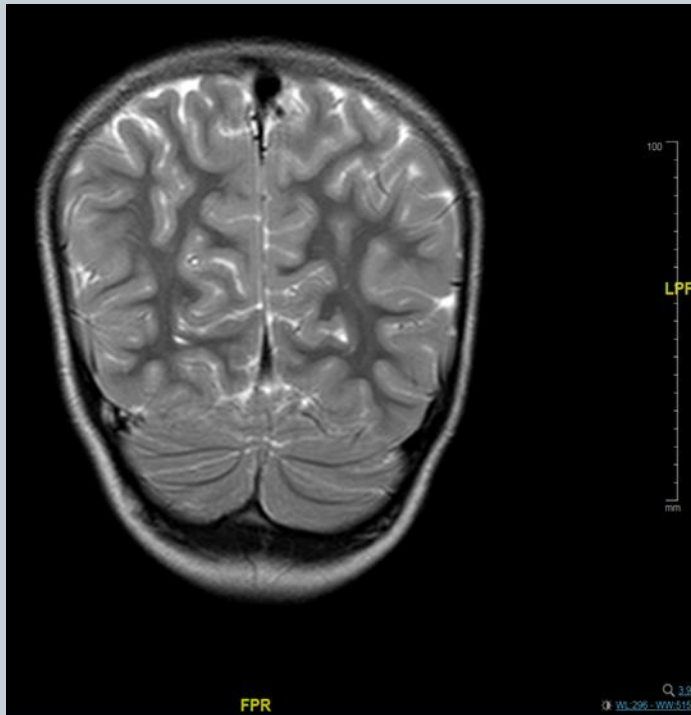


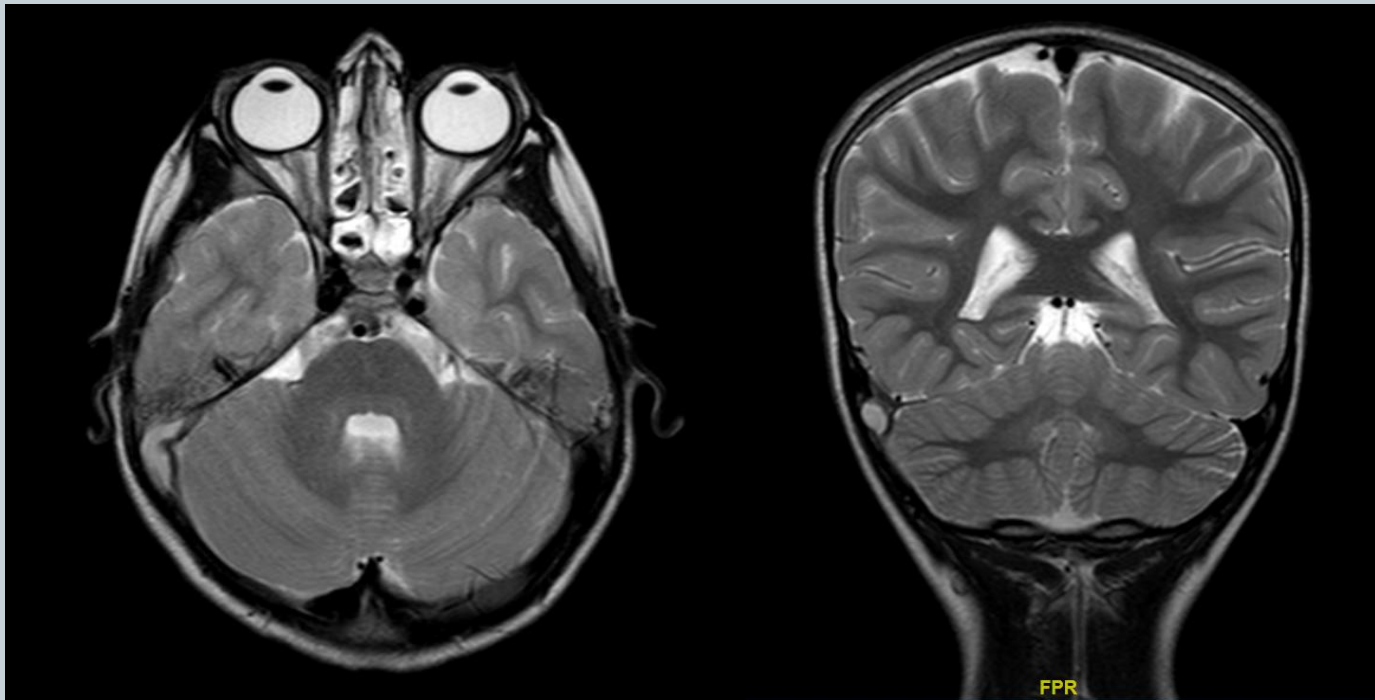
- Niño de 5 años que ingresa por cuadro neurológico que engloba
 - Cefalea intensa + fotofobia + sonofobia de 4 días de evolución + náuseas recientes y vómitos resultantes + tto previo con cefixima por OMA
- EXPLORACIÓN
 - Otoscopio: **OD con tubo de DTT y secreciones húmedas en CAE**
 - Exploración neurológica: PICNR. Pares craneales normales. Fuerza y sensibilidad conservadas. No disimetrías. ROT presentes y simétricas. Marcha conservada. **No rigidez de nuca ni signos meníngeos**
 - Resto de exploración normal

Pruebas diagnósticas



- Analítica sangre (22/2): sodio 134 mmol/L, urea 22 mg/dl, **Leucocitos 13850/mm³, neutrófilos 8320/mm³, neutrófilos 60%**
- RM (22/2)
 - Ocupación de celdillas mastoideas bilaterales y senos paranasales. Seno frontal izquierdo ocupado → Pansinupatía
 - Hipointensidad en seno transverso y unión con seno sigmoideo derecho → Trombosis venosa seno transverso
- Hemocultivos negativos





DIAGNÓSTICO FINAL: trombosis cerebral venosa en el seno
de otomastoiditis bilateral

Tratamiento



- 1º Drenaje Qx Transtimpánico



- 2º Antibioterapia

Post RM

✦ Cefotaxima + vancomicina → Amoxicilina-clavulánico

- 3º Dexametasona

- 4º Enoxaparina subcutánea

Evolución



12 días de ingreso




21/2

22/2:
ingreso
en UCIP

23/2:
reingreso
planta

7/3
probable
alta

- Buena evolución. Remite la cefalea y los vómitos
- Exploración física y neurológica dentro de la normalidad
- Tratamiento antibiótico oral bien tolerado
- Si persiste evolución favorable  ALTA DEFINITIVA A DOMICILIO

LITERATURA

Carr TF., 2016

Trombosis asociada a sinusitis etmoidal y esfenoidal, presentes en la RM.

Complications of sinusitis

Tara F. Carr, M.D.

ABSTRACT

Background: Sinusitis is a common disorder associated with significant patient symptomatology that adversely affects quality of life. Sinusitis can cause further morbidity and mortality through its impact on comorbid disorders, progression of inflammation, and extension of infection.

Objective: This review highlights common complications of acute bacterial rhinosinusitis (ABRS) and chronic rhinosinusitis (CRS).

Results: ABRS is complicated by orbital infections, such as pre- or postseptal cellulitis, and by intracranial infections, including abscesses of the epidural and subdural spaces. CRS can contribute to asthma, sleep disordered breathing, and smell disorders. CRS can be complicated by development of allergic fungal rhinosinusitis or deformity of surrounding bony structures. Fungal complications contribute to morbidity and mortality.

Conclusion: Complications of ABRS, although relatively rare, can cause significant morbidity and mortality, and must be promptly recognized. CRS commonly complicates or drives comorbid diseases, which adversely impacts quality of life. Treatment of these complications often requires coordinated multidisciplinary care.

(Am J Rhinol Allergy 30, 241–245, 2016; doi: 10.2500/ajra.2016.30.4322)

Salloum et al., 2019

Trata la otitis como desencadenante de la trombosis venosa

Shafee Salloum¹  | Kira Belzer²

¹Department of Pediatric Hospital Medicine, Dayton Children's Hospital, Dayton, Ohio

²Pediatric resident PGY-2, Dayton Children's Hospital, Dayton, Ohio

Correspondence

Shafee Salloum, Department of Pediatric Hospital Medicine, Dayton Children's Hospital, Dayton, OH.
Email: SalloumS@childrensdayton.org

Key Clinical Message

Otogenic cerebral sinovenous thrombosis (CSV^T) is a rare complication of otitis media and associated with significant morbidity and mortality. Classic clinical signs of mastoiditis (pain, swelling, and erythema posterior to the pinna) are not always present at presentation. Treatment of otogenic CSV^T consists of conservative surgery, antibiotics, and anticoagulation.

KEY WORDS

cerebral venous thrombosis, intracranial pressure, mastoiditis, otitis media



BIBLIOGRAFÍA

1. Carr TF. Complications of sinusitis. *Am J Rhinol Allergy*. 2016; 30(4): 241–5
2. Salloum S, Belzer K. Cerebral sinovenous thrombosis as a complication of otitis media. *Clin Case Reports*. 2019; 7(1): 186–8

