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A descriptive study of patients with sinus venous thrombosis presenting to Teaching Hospital Jaffna registered in the Sri Lanka Stroke Clinical Registry from 2018 to 2021 (44 months).

Paherathy A[1], Suramiya AAA[1], Thivacaren S[1], Shiyananth S[2], Arasalingam A[2]

[1]Teaching Hospital Jaffna, [2]Department of Medicine, University of Jaffna

Introduction The Sri Lanka Stroke Clinical Registry (SLSCR) is a national registry of stroke patients maintained by the Ministry of Health. Sinus venous thrombosis is a rare cause of stroke, due to thrombus formation in the cerebral venous system compared to the arterial system affliction of ischaemic stroke. Further early diagnosis is essential as the treatment modality is different compared to ischaemic stroke and delayed commencement of treatment can be fatal or lead to severe morbidity.

Objectives To study the demographic pattern and prevalence of sinus venous thrombosis amongst the stroke patients presenting to Teaching Hospital Jaffna, registered in the SLSCR for a period of 44 months from 2018 to 2021 and improve the quality of data recorded in the registry.

Methodology We carried out a descriptive study from data extracted from the SLSCR of the Ministry of Health. Variables analysed include age, gender, risk factors and comorbidities, treatment and complications.

Results Out of the 1605 stroke patients 18 (1.1%) had sinus venous thrombosis. Sub analysis of the patients with sinus venous thrombosis is as follows. Mean age 61.6 +/- 22.3 years (range 30 to 92 years). 6(33.3) were males while 12(66.7%) were females. The clinical presentation was as follows – 11(61.1%) presented with weakness, 8(44.4%) presented with speech disturbances, 4(22.2%) presented with swallowing difficulty, 1(5.5%) presented with seizure disorder, 5(27.8%) presented with unsteady gait and none presented with visual disturbances. Diagnosis was made on clinical grounds as well as contrast enhanced CT. 1 patient had haemorrhagic transformation. 6(33.3%) were anticoagulated with warfarin.

Conclusion The prevalence of sinus venous thrombosis is low at 1.1%. MR angiogram or CT Angiogram, which is the investigation of choice, however MRI was acquired recently. Thus, the increase of use of MRA will be seen. Further anticoagulation is the therapeutic option even in the presence of haemorrhage. The reasons for 66.7% of patients not being anticoagulated has not been addressed in the registry and it is recommended that this is documented in the future. The deficits in data collection such as thrombophilia screening and identification of aitiology will improve the SLSCR and give a detailed valid data form Sri Lanka. The improved collection of research data will enhance the capacity building and research opportunities.

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