Title
TRANSVERSE SINUS THROMBOSIS IN NEWBORNS - CLINICAL AND MAGNETIC-RESONANCE-IMAGING FINDINGS

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Authors
BARAM, TZ
BUTLER, IJ
KEENEY, S
et al.

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61. Transverse Sinus Thrombosis in Newborns: Clinical and Magnetic Resonance Imaging Findings
Tallie Z. Baram, Ian J. Butler, Susan Keeney, and Craig B. Mc Ardle, Houston, TX

Transverse sinus thrombosis (TST) in full-term infants has been considered an exceedingly rare sequela of perinatal trauma. The thrombosis is thought to be a consequence of a tentorial tear and is associated with subarachnoid and sub-dural hemorrhages. Presented is a series of full-term infants with uniform clinical, electrophysiological, and cerebrospinal fluid (CSF) characteristics (Table), all of which had TST on magnetic resonance imaging (MRI).

These infants, seen over a six-month period, present a distinct clinical syndrome of mildly abnormal prenatal history, good Apgar scores, hyperirritability or seizures, hemorrhagic CSF, right temporal sharp waves on EEG, and good outcome. MRI is diagnostic, revealing nonflowing blood (thrombosis) of the right, dominant, transverse sinus, associated with thrombosis of the torcular (2 cases) and straight sinus (1 case). We suggest that TST is a fairly common (and over-looked) entity in the full-term neonate.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Sex/wt (gm)</th>
<th>Apgar Score (1/5 min)</th>
<th>Predisposing Factors</th>
<th>Seizures/EEG</th>
<th>CSF</th>
<th>Neurological Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F/2815</td>
<td>4/6</td>
<td>Maternal fever</td>
<td>None/excessive central and temporal sharp waves</td>
<td>Numerous red cells, xanthochromic</td>
<td>Normal</td>
</tr>
<tr>
<td>2</td>
<td>F/3900</td>
<td>6/8</td>
<td>Fetal distress, C-section</td>
<td>None/excessive R temporal sharp waves</td>
<td>Not done</td>
<td>Normal</td>
</tr>
<tr>
<td>3</td>
<td>M/2575</td>
<td>8/9</td>
<td>Premature labor, maternal hypertension</td>
<td>One/excessive central and temporal sharp waves</td>
<td>100,000 red cells</td>
<td>Normal</td>
</tr>
</tbody>
</table>