Section: General Medicine

Case Report

A RARE CASE OF ALL PRESENTING AS CVST IN PREGNANT PATIENT

Varun Shetty[1], Shreyanshi Singh[2], Nrupesh[2]

[1]Associate Professor, Department of General Medicine, D.Y. Patil Medical College and Hospital Navi Mumbai, India.
[2]Junior Resident, Department of General Medicine, D.Y. Patil Medical College and Hospital Navi Mumbai, India.

Received : 02/01/2026
Received in revised form : 18/02/2026
Accepted : 05/03/2026

Keywords:
CVST; Pregnancy; Hypercoagulability; Thrombosis; Neurological deficits; Case report.

Corresponding Author:
Dr. Shreyanshi Singh,
Email: shreyanshi1310@gmail.com

DOI: 10.47009/jamp.2026.8.2.186

Source of Support: Nil,
Conflict of Interest: None declared

Int J Acad Med Pharm
2026; 8 (2); 1017-1018

ABSTRACT

Background: This rare case shows an undiagnosed case of ALL presented with headache in a ptient and how it was diagnosed as CVST in the patient. Diagnosis and management on time could have prevented mortality in this patient. **Materials and Methods:** A rare case seen in Department of Medicine, Dr. DY Patil School of Medicine and Research Centre, Navi Mumbai. A 28-year-old female presented in the emergency medicine department with severe headache and had 2 months of amenorrhea was found to be UPT positive. Later bone marrow was done and patient was found to have Acute lymphoblastic leukemia. **Results:** It was observed that timely diagnosis of Acute lymphoblastic leukemia would have led to its timely management and better prognosis of the patient. **Conclusion:** From this case study we can conclude that various haematological disorders which remain untreated should be managed on time to avoid mortality and morbidity.

INTRODUCTION

Acute lymphocytic leukemia (ALL) is a type of cancer of the blood and bone marrow — the spongy tissue inside bones where blood cells are made.[1] Patient presents with fever, pallor and breathlessness, there is easy bruising, petechiae and purpura due to thrombocytopenia.[2] Due to leukemic infiltration there is bone pain, joint pain ,lymphadenopathy and hepatosplenomegaly.[3]

Headache, seizures and cranial nerve palsy can occur. In Acute lymphoblastic leukemia there is a state of hypercoagulability which increases the pro-thrombotic tendencies and causes venous thrombosis.[4]

CVST: Cerebral venous thrombosis is a condition where a blood clot forms in the venous sinuses/veins of the brain so blood cant drain properly.[5] It presents commonly with progressive headache, blurring of vision and altered sensorium, focal deficits.[6]

Cerebral venous sinus thrombosis (CVST) is a rare but serious type of stroke where a blood clot forms in the brain's venous sinuses, obstructing blood drainage and causing increased brain pressure, swelling, or haemorrhage.[7] It frequently affects young adults, particularly women, and presents with symptoms like severe headache, seizures, and vision changes.[8] It is diagnosed on MR Venography and prompt treatment with anticoagulants is critical.[9]

CASE STUDY: A 28 / F Sana a housewife, resident of Sanpada presented to the emergency medicine department with complaints of headache and nausea and vomiting since 15 days. Patient also presented with complaints of loose stools since 3 days. Patient went outside hospital where her BP was 140/90mmHg and was started on T.Telma 40mg 1-0-0. Her blood reports were suggestive of WBC-47,000 Patient was also found to be UPT-positive and was referred to higher center for management.

She also had a pregnancy earlier in 2022 and LSCS was done for the same.

The next day of admission pt had complaints of tingling sensation on her right arm, followed by deviation of mouth against the left and deviation of mouth towards the left.

She further developed weakness of right upper limb and lower limb.

Urgent MRI Angiography was done suggestive of cerebral venous thrombosis. Patient also had an episode of seizure and was shifted to MICU in view of further management. Neurology opinion was sought.

In MICU her bone marrow biopsy was done in order to rule out hematological causes. She was started on Inj. Meropenem and Inj. Targocid.

Bone marrow reports were suggestive of acute leukemia and patient started on Tab febuxostat and tab prednisone. On the third day of admission she got intubated in view of drop in GCS, and seizure episodes. Her condition deteriorated and BP was non recordable on the fourth day of admission.She was started on ionotropes.

On examination- her doll's eyes and corneal reflexes were absent. patient relatives were counselled about

ISSN (O): 2687-5365; ISSN (P): 2753-6556

the poor prognosis. Obgyn examination was done daily.

On fifth day there was PV bleed and pt was managed conservatively. On the eighth day of admission she had an episode of ventricular fibrillation -100J shock was given and patient went into bradyarrest at 1.50pm 20 cycles of CPCR was given and defibrillation done. ROSC could not be achieved. Patient was declared dead to relatives.

CONCLUSION

Due to poor condition of the patient the treatment for the ALL could not be further decided. However early presentation to the hospital and cousultation could have avoided any complications and management of the patient would have been in a proper way

REFERENCES

1. Harrison's Principles of Internal Medicine.
2. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, eds. 21st ed. New York, NY: McGraw Hill; 2022.
3. Williams Hematology.
4. Kaushansky K, Lichtman MA, Prchal JT, et al., eds.
5. 10th ed. New York, NY: McGraw Hill; 2021.
6. Chapter on Acute Lymphoblastic Leukemia.
7. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, eds. Acute lymphoblastic leukemia. In: Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw Hill; 2022.
8. Inaba H, Greaves M, Mullighan CG. Acute lymphoblastic leukaemia. The Lancet.
9. Saposnik G, Barinagarrementeria F, Brown RD Jr, Bushnell CD, Cucchiara B, Cushman M, et al. Diagnosis and management of cerebral venous thrombosis: a statement for healthcare professionals from the American Heart Association/American Stroke Association. Stroke.
10. Ferro JM, Canhão P, Stam J, Bousser MG, Barinagarrementeria F; ISCVT Investigators. Prognosis of cerebral vein and dural sinus thrombosis: results of the International Study on Cerebral Veins.
11. Ferro JM, Canhão P, Stam J, Bousser MG, Barinagarrementeria F; ISCVT Investigators. Prognosis of cerebral vein and dural sinus thrombosis: results of the International Study on Cerebral Vein and Dural Sinus Thrombosis. Stroke. (Supports epidemiology—young adults, female predominance—and common symptoms such as headache and seizures.)
12. Ferro JM, Bousser MG, Canhão P, Coutinho JM, Crassard I, Dentali F, et al. European Stroke Organization guideline for the diagnosis and treatment of cerebral venous thrombosis. European Stroke Journal
13. American Heart Association/American Stroke Association.

ISSN (O): 2687-5365; ISSN (P): 2753-6556