

Incidence of Perinatal Problems and Recurrence of Venous Thrombosis during Pregnancy, in the Female Patients of with History of Cerebral Vein Thrombosis, in Isfahan

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Article Info	ABSTRACT
Article type: Original article	Background and Aim: Cerebral vein thrombosis (CVT) is a kind of cerebrovascular accidents in which venous drainage of the brain is occluded and resulted in such complications as rising of intracranial pressure (ICP), headache, blurred vision, paresis, seizure and even loss of consciousness. This kind of strokes are less common than arterial type but the highest incidence rate of CVT is in the women of reproductive ages. It is maybe due to hormonal change effects on coagulation system such as oral contraceptive drugs and pregnancy period. Other predisposing factors are head trauma, major surgeries, severe dehydration and any hyper coagulopathic state. The annual rate of CVT recurrence is lower than arterial strokes. The most challenging issue is giving prophylactic agents for CVT in pregnancy and post partum period according to the high rate of CVT incidence in young women.
Article History: Received: 20 January 2020 Revised: 04 March 2020 Accepted: 14 May 2020	Materials and Methods: This is a descriptive and retrograde study on the women of reproductive age who admitted in Isfahan Alzahra hospital (stroke referral center) with definite diagnosis of CVT during 10 years. We called of them and ask about general and clinical condition of the CVT episode. Then if they had history of pregnancy after CVT, we asked about if receiving prophylactic agent during pregnancy and post partum. All data about pregnancy situation and complications and also recurrence of thrombotic disorders such as CVT and DVT and PTE documented. Between group analysis had been done based on prophylactic approach for CVT during pregnancy.
Keywords: Cerebral vein thrombosis Deep vein thrombosis Pregnancy Prophylaxis Pulmonary thromboembolism	Results: 94 patients entered the study and among them 19 patients reported overall 22 pregnancies. One spontaneous abortion of 16 weeks and one preterm labor of 35 weeks had been reported. 2 patients suffered preeclampsia but any other complications observed. 5 women received Enoxaparin (LMWH) with prophylactic dose and 4 ones got it with therapeutic dose during pregnancy and post partum but 2 ones received it just in 2 weeks of post partum. 2 patients treated with aspirin during pregnancy and post partum. The others (8 persons) did not receive any drug. Any kind of thromboembolic event such as CVT or DVT or PTE occurred in non of them.
	Conclusion: According to our findings it seems that there is not significant difference in recurrence of CVT between patients with different types of prophylaxis during pregnancy. Also receiving no drug did not rise the recurrence rate. So it is suggested that is not necessary to advice prophylactic agents in all pregnant women specially regarding to potential harmful effect of some drugs in pregnancy and giving prophylactic agent can be limited to the very high risk patients for CVT recurrence (such as in the first year after the CVT or patients with recurrent thrombosis) and the others could be under tight observation without getting prophylaxis.