

Current Endovascular Strategies for Cerebral Venous Sinus Thrombosis

1. A combination of MRI/MRV or CT/CTV studies should be performed in patients with suspected CVT (Class I; Level of Evidence C).
2. DSA as a diagnostic modality is indicated in cases of suspected CVT when diagnosis of CVT cannot be reliably established with non-invasive imaging alone (Class IIa; Level of Evidence C).
3. Anticoagulation with unfractionated heparin or low molecular weight heparin is reasonable in patients with CVT (Class IIa; Level of Evidence C).
4. Endovascular therapy may be considered in patients with clinical deterioration despite anticoagulation, or with severe neurological deficits or coma (Class IIb; Level of Evidence C). The duration of anticoagulation therapy before declaring it to be a 'failure' and proceeding with endovascular therapy is unknown.
5. There is insufficient evidence to determine which endovascular approach and device provides the optimal restoration of venous outflow in CVT. In many cases, a variety of treatment approaches is required to establish sinus patency.

REFERENCE LINK:

Lee SK et al. "Current endovascular strategies for cerebral venous thrombosis: report of the SNIS Standards and Guidelines Committee," *J Neurointerv Surg.* 2018; 10:803-810.

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