



Figure. Pretreatment T2-weighted MRI (A) demonstrates high intensity area in the bilateral thalamus. MRI 2 months later (B) demonstrates complete resolution of the abnormality in the thalamus, as well as a small subcortical hemorrhage presumably due to prolonged congestion.

## Rescue of deep coma from sinus thrombosis

Keizoh Asakuno, MD, PhD, Keisuke Ueki, MD, PhD, DMSc,  
Yuichi Tachikawa, MD, Phyong Kim, MD, PhD, DMSc,

A 41-year-old man presented with rapid deterioration in consciousness over several hours following several weeks of headache

Address correspondence and reprint requests to Dr. Keizoh Asakuno, Department of Neurosurgery, Dokkyo University School of Medicine, 880 Mibu, Tochigi 321-0293, Japan; e-mail: asakuno@dokkyomed.ac.jp

and became comatose. Emergent MRI showed T2-signal elongation in the bilateral thalamus (figure, A), and angiography demonstrated occlusion of all major sinuses. An IV catheter was advanced directly to the occluded sinuses, and 40 mg of tissue plasminogen activator was injected, which resulted in restoration of the sinus flow. Full neurologic recovery was achieved in 30 days, and MRI 2 months later revealed complete resolution of the abnormality in the thalamus (figure, B). Aggressive thrombolysis can rescue potentially catastrophic sinus thrombosis.<sup>1</sup>

1. Bell DA, Davis WL, Osborn AG, Harnsberger HR. Bithalamic hyperintensity on T2-weighted MR: vascular causes and evaluation with MR angiography. *AJNR Am J Neuroradiol* 1994;15:893-899.

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