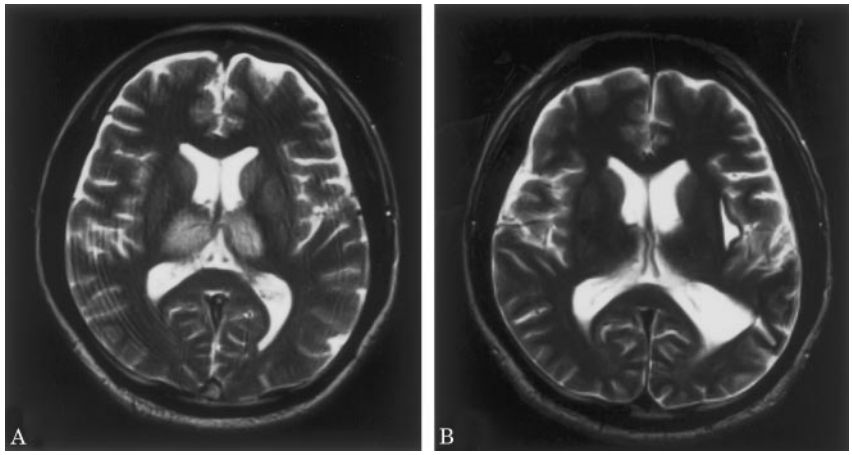

Figure. Pretreatment T2-weighted MRI (A) demonstrates high intensity area in the bilateral thalamus. MRI 2 months later (B) demonstrates complete resolution of the abnormality in the thalamus, as well as a small subcortical hemorrhage presumably due to prolonged congestion.

Rescue of deep coma from sinus thrombosis

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A 41-year-old man presented with rapid deterioration in consciousness over several hours following several weeks of headache 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.[1]

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