

# TVC du post-partum

- Environ 50% des patientes de l'étude ISCVT présentaient un autre facteur de risque pro-thrombotique, le plus souvent une coagulopathie génétique
  - Mutation Leiden du facteur V
  - Mutation G20210A du gène de la prothrombine
  - Hyperhomocystéinémie (carence en folates durant la grossesse)
- **La recherche d'une thrombophilie doit être systématique dans ce contexte**

# Quel est le risque associé à une future grossesse ?

- Plusieurs études ont montré un risque de récurrence de TVC et d'autre événement thrombo-embolique veineux d'1 cas et de 2 cas sur 100 grossesses respectivement
- Une TVC survenue sous CO, durant la grossesse ou le post-partum n'est pas une contre-indication à une grossesse ultérieure mais une prophylaxie par HBPM est recommandée durant la grossesse et le post-partum

# Safety of Pregnancy After Cerebral Venous Thrombosis

## A Systematic Review

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**Table 2. Pooled Estimate of the Incidence of CVT and Noncerebral VTEs Associated With Pregnancy in Women With Previous CVT and Comparison With the Risk of These Events Related With Pregnancy in the General Population**

	Pooled Estimates		Comparison With the General Population <sup>29,30</sup>		
	Women With Previous CVT	General Population	RR	95% CI	P Value
CVT	2/217	64/7 463 712	80	20–317	0.0001
	9 per 1000	0.116 per 1000 <sup>29</sup>			
	95% CI, 3–33 per 1000				
Noncerebral VTEs	5/186	14 335/8 330 927	16	7–37	0.0001
	27 per 1000	1.72 per 1000 <sup>30</sup>			
	95% CI, 12–61 per 1000				

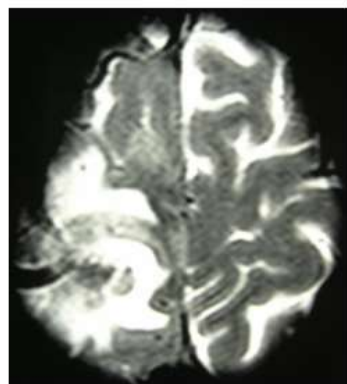
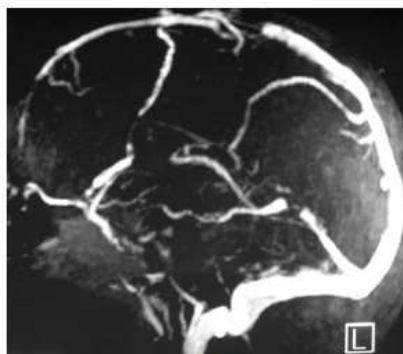
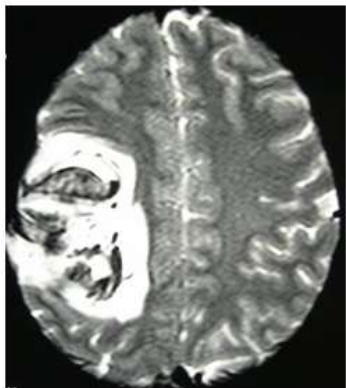
CI indicates confidence interval; CVT, cerebral venous thrombosis; FU, follow-up; PE, pulmonary embolism; RR, relative risk; and VTE, extracerebral venous thrombotic event.

**Conclusions**—In women with previous CVT, the absolute risk of pregnancy-related venous thrombosis is low but the relative risk of noncerebral VTE is 16-fold higher and the recurrence of CVT is 80-fold higher than the baseline risk described in general population studies. The rate of miscarriage is not significantly different from that estimated for the general population. (*Stroke*. 2016;47:713-718. DOI: 10.1161/STROKEAHA.115.011955.)

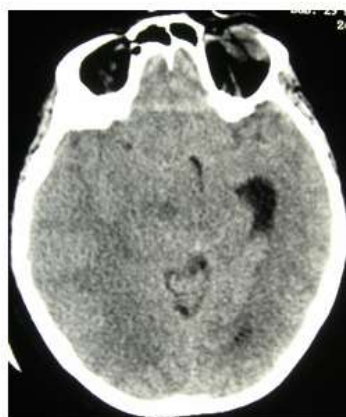
# Pronostic

- Le pronostic vital et fonctionnel après TVC est meilleur qu'après un accident ischémique cérébral d'origine artérielle et meilleur chez les femmes que chez les hommes
- Taux de récupération complète : 81% chez les femmes (versus 71% chez les hommes)
- Pronostic plus péjoratif en cas de cancer ou d'infection sous-jacente
- **Taux de mortalité : 4%**
- Facteurs prédictifs de mortalité
  - Trouble de conscience
  - Thrombose du système veineux profond
  - Infarctus cérébral veineux hémorragique
  - Thrombose des veines de la fosse cérébrale postérieure
- Principales causes de mortalité
  - Engagement trans-tentorial
  - Etat de mal épileptique
  - Embolie pulmonaire

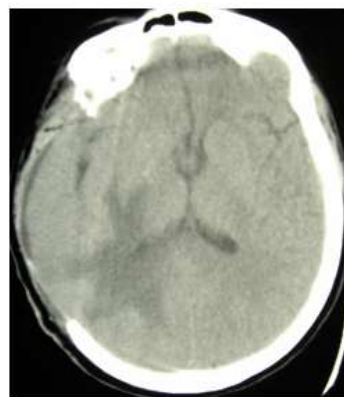
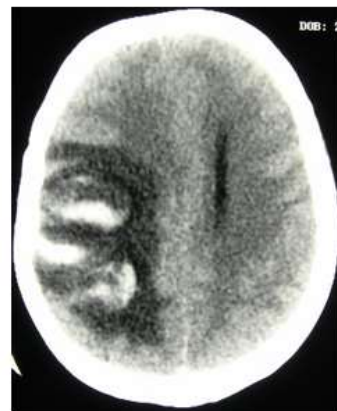
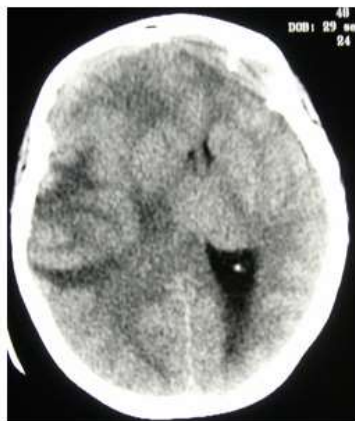
# Infarctus veineux « malin » - craniectomie décompressive



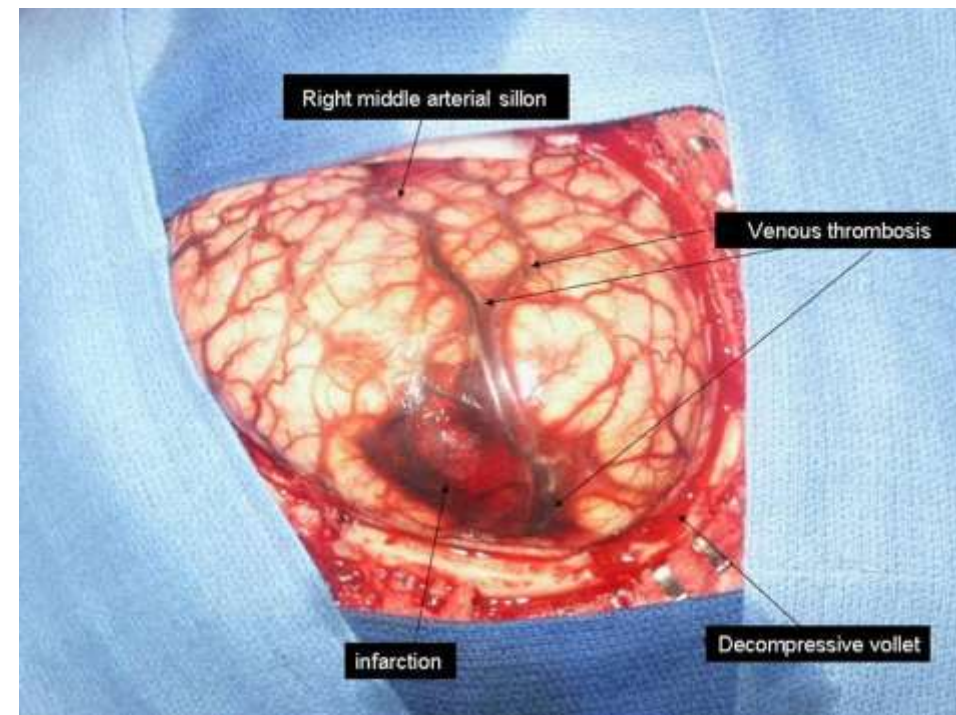
DAY 1



DAY 6



DAY 7

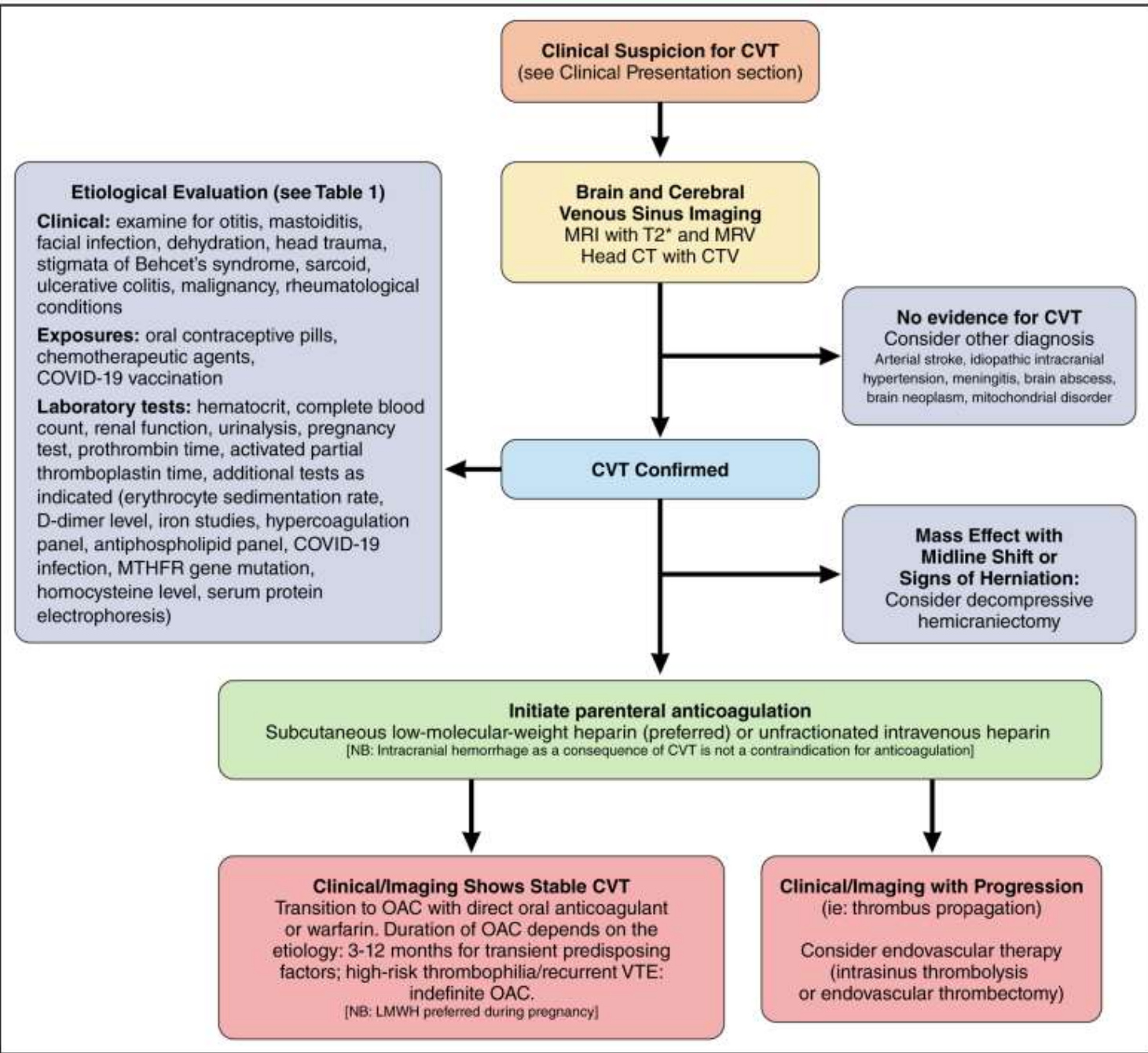


**AHA SCIENTIFIC STATEMENT**

# Diagnosis and Management of Cerebral Venous Thrombosis: A Scientific Statement From the American Heart Association

Gustavo Saposnik, MD, MPH, PhD, FAHA, Chair; Cheryl Bushnell, MD, MHS, FAHA, Vice Chair; Jonathan M. Coutinho, MD, PhD; Thalia S. Field, MD, MHS; Karen L. Furie, MD, MPH, FAHA; Najibah Galadanci, MBBS, MPH, PhD; Wayneho Kam, MD; Fenella C. Kirkham, MD; Norma D. McNair, RN, PhD; Aneesh B. Singhal, MD, FAHA; Vincent Thijs, MD, PhD, FAHA; Victor X.D. Yang, MD, PhD; on behalf of the American Heart Association Stroke Council; Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; Council on Cardiovascular and Stroke Nursing; and Council on Hypertension

*Stroke. 2024;55:e77–e90.*



**Figure 4. Proposed algorithm for the management of CVT.**

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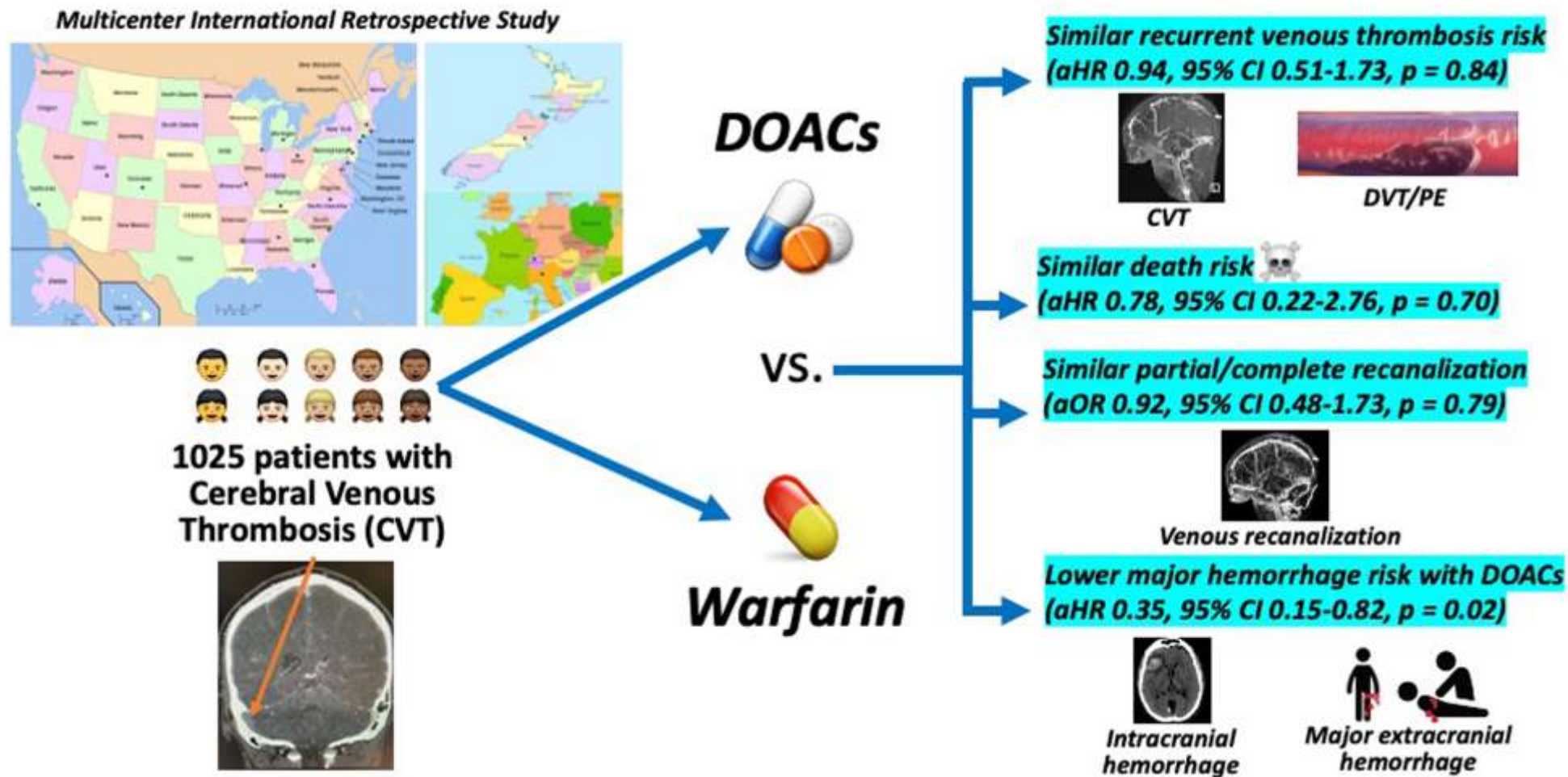
*Stroke.* 2024;55:e77–e90.

## CVT During Pregnancy and Puerperium

For women with CVT during pregnancy, LMWH in full anticoagulant doses should be continued throughout pregnancy, and LMWH or VKA with a target international normalized ratio of 2.0 to 3.0 should be continued for at least 6 weeks postpartum (for a total minimum duration of therapy of 3 months).

# Direct Oral Anticoagulants versus Warfarin in the Treatment of Cerebral Venous Thrombosis (ACTION-CVT): a Multicenter International Study

Yaghi et al  
Stroke. 2022;53:728–738.



**CONCLUSIONS:** In patients with CVT, treatment with DOACs was associated with similar clinical and radiographic outcomes and favorable safety profile when compared with warfarin treatment. Our findings need confirmation by large prospective or randomized studies.