



DURAL VENOUS SINUS CYST: A RARE AND RADIOLOGICALLY IMPORTANT ENTITY

Dr Ameema Munir **, Dr. Faisal Ehsan*, Dr. Rafia Shahzad*,



INTRODUCTION

Dural venous sinus cysts (DVCs) are mainly congenital. They may be simple cysts or dermoid cysts. They are very uncommon lesions, usually asymptomatic and incidental. Some times patient present with headcaches. However, these cystic lesions may be symptomatic when large enough to obstruct the venous outflow.

CASE PRESENTATION

- We present a case of a 33-year-old female
- The patient was presented with a four-day history of headache, irritability, and blackouts. She had been taking oral contraceptive pills
- Despite treatment, her symptoms persisted, and she was referred to our hospital.

DIAGNOSIS AND MANAGEMENT

- Patient had an MRI from outside on which she was misdiagnosed with dural venous sinus thrombosis keeping in view of OCP use and was given anticoagulant therapy
- Symptoms didn't relieved and she had CT brain which showed fluid cystic lesion in transverse sinus likely congenital dural venous sinus cyst.
 - After the diagnosis was revised, anticoagulation therapy was ceased.
- She was managed symptomatically for headaches and advised to stop taking oral contraceptive pills

Fig.1a Arrow depicts the post contrast filling defect in right transverse sinus concerning for sinus thrombosis

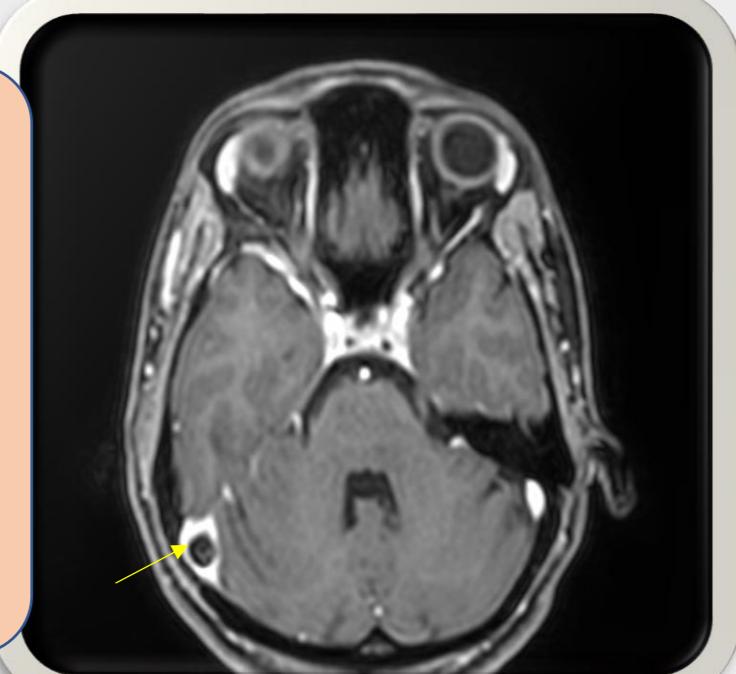


FIG.1 MRI Brain post contrast axial T1 image

Fig.1b Arrow depicts the post contrast filling defect in right transverse sinus concerning for sinus thrombosis



Fig.1c Arrow depicts the post contrast filling defect in right transverse sinus concerning for sinus thrombosis

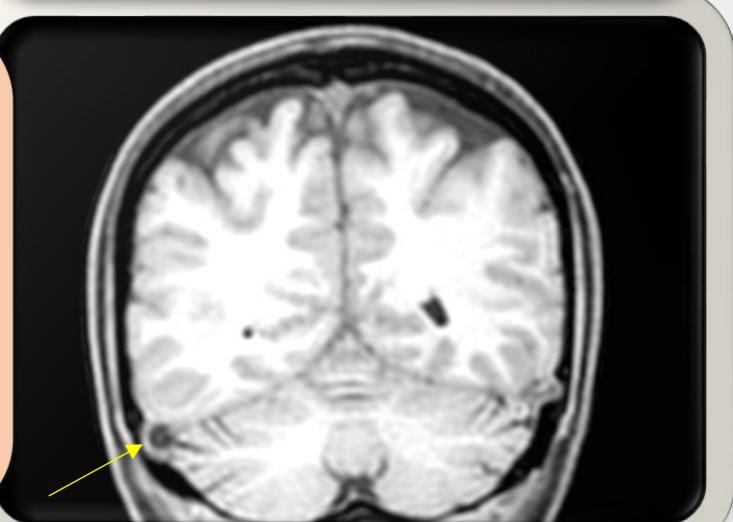


FIG.1 MRI Brain post contrast sagittal and coronal T1 image

Fig.2a Fluid density cystic lesion in right transverse sinus (congenital dural venous sinus cyst)



FIG.2 CT Brain post contrast axial image

CASE DISCUSSION

- Dural venous sinus cyst is usually an incidental finding on cranial imaging. Potential radiological misdiagnoses include venous sinus thrombosis, dural sinus adipose tissue, arachnoid granulations, and aerocele. Our Patient was initially mismanaged and after diagnosis was revised she was managed accordingly and her symptoms improved.
- Regular imaging follow-up is recommended in these patients to monitor for potential growth of the lesion and sinus occlusion.
- This case emphasizes the importance of accurate radiological diagnosis to differentiate between venous sinus thrombosis and dural venous sinus cysts, avoiding unnecessary anticoagulation and associated risks.

AUTHORS AND AFFILIATIONS

Dr Ameema Munir **, Dr. Faisal Ehsan*, Dr. Rafia Shahzad*, Dr. Zeeshan Rashid*, Dr. Amira Shami***

*Consultant Diagnostic Radiology, INMOL Cancer Hospital, Lahore, Pakistan **Post-Graduate Resident Diagnostic Radiology, INMOL Cancer Hospital, Lahore, Pakistan ***Director INMOL Cancer Hospital, Lahore, Pakistan