

ciently sensitive to exclude CVT.<sup>25</sup> Therefore, it is recommended to use CT venography or magnetic resonance venography.<sup>1</sup>

### Management and Outcomes

CVT is managed typically as an inpatient after initial diagnosis, as patients are at increased risk for elevated intracranial pressure, bleeding, and/or seizures, and benefit from close monitoring of their neurologic status. Patients are typically treated with heparin or other systemic anticoagulation at the time of diagnosis. Anti-coagulation is often continued after hospitalization.<sup>1</sup> Mortality associated with CVT ranges from 8-10% and is increased in those who present with coma, hemorrhage, deep cerebral vein thrombosis and in those cases associated with infection or cancer.<sup>26</sup>

### Ethics Statement

Despite multiple attempts, the patient could not be contacted for follow-up. Therefore, demographic information and some case details were changed to protect patient confidentiality.

### Takeaway Points for Urgent Care Providers

- In addition to cervical artery dissection and intracranial hemorrhage/SAH, CVT should be included in the differential diagnosis for sudden onset or “thunderclap” headache.
- Headache is the most common associated symptom of CVT but is not universally present. Other symptoms of CVT may include seizure and focal neurologic deficits, however, most patients with CVT have an initially normal neurologic exam.
- Risk factors for CVT include female gender, younger age (<50 years), history of venous thromboembolism or thrombophilia, current or recent pregnancy, hormonal contraception, malignancy, recent COVID-19, and active head and neck infections.
- The SNNOOP10 list of red flag symptoms suggestive of higher risk for dangerous causes of headache is a valuable screening tool for UC clinicians to determine which patients with headache warrant ED referral and/or neuroimaging.
- A negative d-dimer is insufficiently sensitive to exclude CVT. The imaging study of choice for evaluating for CVT is either CT or MR venography. ■

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