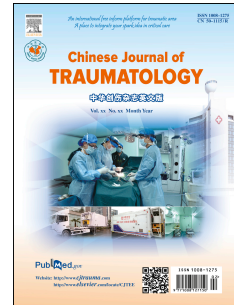


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## A case of Galen vein thrombosis occurs after bilateral acetabular fractures in the Tibet Plateau, What can we learn?

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**Abstract:** Hypoxia leads to increasing red blood cells and blood viscosity in high altitude. Moderate trauma increases coagulation in blood. Under the above two conditions, it is more likely to develop venous sinus thrombosis. A bilateral acetabular fractures patient with the gradual disturbance of consciousness was admitted to hospital one day. Head computed tomography (CT) showed bilateral thalamus and brainstem infarction, and computed tomography arteriogram (CTA) of the brain displayed Normal blood vessels, while cerebral computed tomography venography (CTV) showed Galen vein thrombosis. Dehydration, antiplatelet, anticoagulant, neurotrophic and tracheotomy were immediately administered to the patient. After three days' treatment, the consciousness of the patient gradually improved and even got clear to leave the hospital. On follow-up, no dysfunction was documented.

**Key:** Tibet Plateau, bilateral acetabular , fractures, Galen vein thrombosis

### 1.Introduction

Tibet is located in the plateau region with an average elevation of 4000 meters. Hypoxia leads to increasing red blood cells and blood viscosity in high altitude[1]. Moderate trauma increases coagulation in blood [3]. Under the above two conditions, it is more likely to develop venous sinus . Galen vein thrombosis is serious and if not treated in time, will cause serious complications, even death. The trauma complicated by Galen vein thrombosis is rarely reported, neither is Galen vein gthrombosis in high altitude regions.

### 2.Case report

The patient, Summary of patient characteristics(Table1). Traffic accident. Axial CT scan of the hip showed bilateral acetabular fractures (Fig1 a). Axial CT scan of head showed normal brain. On admission the patient's conciousness was entirely clear. But on the next day his consciousness decreased, and gradually deepened. Glasgow(GCS) scored 8 points. Nervous system examination showed that muscle strength was three level and muscle tension high. Bilateral Babinski sign was positive. Reviewed head CT showed bilateral thalamus and brain stem infarct (Fig 1 b and c). Computed tomography arteriogram (CTA) of the brain displayed Normal blood vessels((Fig 1 d),but cerebral computed tomography venography (CTV) showed Galen vein thrombosis(Fig. 2e). The patient was given mannitol 250ml, 3 times a day for dehydration, aspirin 100mg, once-daily, plavix 75mg once-daily, low molecular weight heparin injection 5000 units twice daily, edaravone 30mg, twice daily, and tracheotomy treatment. After three days, the consciousness of the patient gradually improved. One week later low molecular weight heparin injection was stopped. After two weeks of treatment, the consciousness of the patient was entirely clear when he left the hospital, with GCS scoring 15 points, bilateral muscle strength and muscle tonsion normal, and bilateral pathological sign negative. Pelvic X-ray film showed bilateral acetabular fractures (Fig3

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