LETTER

Identifying Poor Prognostic Factors in Patients with Cerebral Venous Sinus Thrombosis: A Clinical Analysis for Prompt Patient Management [Letter]

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Dear editor

I am writing this letter to express my appreciation for the publication entitled "Characteristics of Poor Prognosis in Patients with Cerebral Venous Sinus Thrombosis: A Multicenter Retrospective Study by Al Zhung".[1] The authors did great work as the findings of their study have significance in the early management of Cerebral Venous Sinus Thrombosis (CVST).

In the research, the author thoroughly explained the incidence and clinical aspects of CVST. Although I have a few additional recommendations that the study would be great if the author had highlighted the control group for baseline comparison of the patients in the poor prognosis group.

The study did not account for confounding variables that can influence the prognosis, such as comorbidities like hypertension, diabetes mellitus, and obesity.[2] Patients' concurrent medications and socioeconomic status remain unevaluated. Moreover, only the Chinese population was studied which can limit its application.

The author divided CVST patients into a poor prognosis (pp) group and a good prognosis (gp) group. Headache was found to be the most common symptom in the gp group, but the author did not explain whether the pp group entirely lack headache manifestation. The study lacked a description of the symptoms of the pp group appearing at an early stage that can make the complications preventable and no clear statement about how a symptom is linked with a poor prognosis.

The 18–81 age group was considered in the study but the author refrains from highlighting the frequency of features of poor prognosis (pp) appearing in a particular age decade. Also, research has no specific demarcation of females' age group and their reproductive profile as pregnancy itself is a potent risk factor for CVST which limits the accuracy of the results.[3] The history of infections and allergies like sinusitis was not addressed, which can predispose an individual to CVST.

The author should have compared the CVST with other strokes for a better understanding of the poor prognosis factors specific to CVST.[4] A standardized diagnostic criterion for CVST was not taken into account. The absence of uniform criteria across five studied hospitals may introduce variability in the results. Also, the follow-up was taken on the telephone which has minimum accuracy of information as maximum patients overlook their treatment but abstain from telling it to the healthcare professionals.

Disclosure

The authors report no conflicts of interest in this communication.

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