Kitwadee Saksornchai Athigakunagorn, J Cancer Sci Ther 2018, Volume 10
DOI: 10.4172/1948-5956-C2-127

A case report of cerebral venous thrombosis after taking tamoxifen in breast cancer patient

Kitwadee Saksornchai Athigakunagorn
King Chulalongkorn Memorial Hospital, Thailand

Background: Tamoxifen is commonly used in adjuvant treatment in hormonal receptor positive breast cancer patients. Cerebral venous thrombosis is one of the rare adverse events from tamoxifen.

Case Report: A 52-year-old lady was diagnosed with right breast cancer (stage T3N3M0). She has undergone right modified radical mastectomy. She obtained adjuvant chemotherapy, 4 cycles of doxorubicin and cyclophosphamide followed by 4 cycles of paclitaxel every 3 weeks. She was prescribed tamoxifen during adjuvant radiation to her chest wall and regional lymph nodes. Approximately 8 months after taking tamoxifen, she complained progressive headache, dizziness, nausea and vomiting. Emergency CT brain with contrast was done to rule out brain metastases. The scan revealed hyperdense lesion at temporal area with vasogenic edema, focal filling defect at left transverse sigmoid junction and upper portion of internal jugular vein. There was no demonstrable parenchymal metastasis. MRI and MRV of the brain showed acute dural venous sinus thrombosis of the lateral aspect of the left transverse sinus, left sigmoid sinus, left upper internal jugular vein as well as cortical venous thrombosis in the left vein of Labbe. Venous infarction in the left temporal lobe and left superior cerebellar hemisphere causes intraparenchymal hematoma in the left lobe. Laboratory analysis was done. Protein C/S, lupus anticoagulant, antithrombin, homocysteine, anticardiolipin IgG/IgM, anti B2 glycoprotein I IgG/IgM was normal. She was given enoxaparin 0.6 ml SC every 12 hours and tamoxifen was off. The scan of CT brain 6 days later showed interval decreased attenuation intraparenchymal hematoma at left posterior temporal lobe. Her headache was improved and no neurological deficit was detected. Ultrasonography of both lower extremities showed no evidence of deep vein thrombosis. She was then switched to aromatase inhibitors.

Discussion: Clinical risk factors for venous thromboembolism are major general or orthopedic surgery, pelvic fracture, trauma, previous venous thromboembolism, trauma, obesity, varicose veins, cardiac disease, pregnancy and nephritic syndrome. Our patient had none of these risk factors. Although it is quite rare, cerebral venous thrombosis must be kept in mind of possible adverse effect from tamoxifen.

Biography

Kitwadee Saksornchai Athigakunagorn has completed her Medical School at Chulalongkorn University and obtained Thai Board of Radiation Oncology from King Chulalongkorn Memorial Hospital in 2011. She was a clinical fellow on the Lung and Breast Unit, the Royal Marsden Hospital, NHS trust, Surrey, UK in 2012 and was a visiting research fellow in breast service, Department of Radiation Oncology, Memorial Sloan-Kettering Cancer Center, New York, USA in 2015. She is now an Instructor at Division of Radiation Oncology, Department of Radiology, Faculty of Medicine, King Chulalongkorn Memorial Hospital and a member of Thai Society of Radiology and Oncology.

kathryn_oil@hotmail.com

Notes: