It is possible that many of the patients who are reported to have had a lacunar syndrome from extracerebral thrombosis, and whose presentation is consistent with a popliteal vein thrombosis during the course of his neurological disease.

The authors rightly envisaged sinus thrombosis but ruled it out on a single digitalised intravenous angiography. We think that this investigation alone is not sufficient to exclude this diagnosis in their patient. The timing of the angiography in relation to the onset of the venous thrombus, and magnetic resonance imaging (MRI) studies have shown the possibility of rapid reperfusion of the vessel. The sinus blockage is sometimes incomplete and a greater volume of contrast material may be necessary to evaluate the venous sinuses better. Collateral circulation in the sinus wall may simulate the normal opacification of the sinus by contrast material.

Though heparin has a proven efficacy in cerebral venous thrombosis the lack of improvement during anticoagulant treatment in their patient does not rule out this possibility. As for the dramatic improvement one week after starting hydroxyurea, it is compatible with both benign intracranial hypertension and dural sinus thrombosis.

The hypothesis of an intermittent sinus blockage may well be right, for which the mechanism is not clear. Intracranial hypertension caused by sinus thrombosis the cause of intracranial hypertension in their patient. However, dural sinus thrombosis has not been fully excluded. It should be looked for with appropriate techniques (four vessel arteriography or MRI) in patients with essential thrombocythaemia presenting symptoms of intracranial hypertension, be it isolated or associated with epilepsy or focal deficit.

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Plasma serotonin

Recently Anthony and Lance1 published their interesting results on serotonin in patients with chronic tension headache. However, the title of their paper contains a spelling error which is also repeated in the text. From the methods section it can be inferred that the authors used whole blood for their study. They even state that “Plasma serotonin was expressed as ng/100 ml, since they contain about 98% of serotonin in blood.” This means that in this study not plasma, but whole blood serotonin was studied and reported, as it is also apparent from the results. Anderson et al2 recognise three compartments of whole blood serotonin, plasma,
Possible benign intracranial hypertension and essential thrombocythaemia.

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