Introduction Paediatric cerebral venous sinus thrombosis (CVST) is a rare condition (3 cases/million population), usually idiopathic. Traumatic head injury is a rare cause of this severe disease and no consensus exists regarding diagnosis and management of post-traumatic CVST. We describe the case of a patient with blunt head injury who developed sigmoid sinus and Internal Jugular Vein Thrombosis (IJVT), successfully treated with anticoagulation therapy (ACT).

Case-Report A 14 years old boy, previously healthy, was brought to our ED because of a head trauma and transient loss of consciousness after a road traffic accident. On arrival he was conscious and irritated and needed sedation and oro-tracheal intubation. Immediate CT showed right tempo-parietal fracture with left fronto-parietal subarachnoid haematoma. A 48 h CT revealed a worsening of right temporal haematoma and an hyper-density area at the right sigmoid sinus suggestive of CVST, confirmed by CT venography as venous thrombosis of sigmoid sinus and IJV. His coagulation profile was normal. The patient started immediately Low Molecular Weight Heparin therapy, continued for three months. The MRI after two weeks of ACT was normal. He was discharged after 27 days without any neurological deficit.

Conclusion Our report demonstrates importance of suspicion for CVST in head trauma, especially in those with high energy trauma or focal lesion, in which the neurological status cannot be monitored. The early diagnosis may permit to start an appropriate ACT, that is probably effective in reducing the risk of death and sequelae, if started early, during the acute phase.

Method The extra benefit of the simulation days has come from an unexpected quarter. The teams themselves are asked to play differing roles fulfilling the position of local hospital staff or a parent. These experiences have resulted in unanticipated insights into what it is like to be involved in a retrieval from ‘the other side’.

Results Retrieval team members have responded saying, ’the child was really ill and it was such a relief when the team arrived’, showing real insight into the experiences of the local staff. ’It gave me a bird’s eye view of retrievals’. Members playing the role of parents often became emerged in their roles feeling close to tears at times when things were not going well. Other comments included, ’there were so many of them I felt left out and out of control’.

Conclusions These comments will be further explored and discussed with relation to how these experiences can be translated into our practice and improve the service we deliver to our critically ill children and their families.