

A RAREST CASE OF ACUTE BULBAR PALSY DUE TO VERNET SYNDROME DUE TO INTERNAL JUGULAR VEIN THROMBOSIS SECONDARY TO PROTEIN S DEFICIENCY

RICHMOND RONALD GOMES¹, MD. SIAM MOAZZEM²

Dural Venous Sinus Thrombosis (DVST) is a rare although serious clinical entity that causes approximately 0.5% of all stroke cases. Head trauma with skull base fracture, aneurysm, CNS infection, thrombophilia, and vasculitis may be identified as a possible cause of DVST. Vernet's Syndrome is characterized by a constellation of unilateral cranial nerve palsies involving the 9th, 10th, and 11th cranial nerves due to compression or narrowing of the jugular foramen. We herein present a case of 33 years old Bangladeshi worker from Malaysia who had history of severe Traumatic Brain Injury (TBI) following road traffic accident with multiple skull bone fracture and extradural hematoma 3 months back, presented with acute dysphagia, dysphonia, fever and cough for 6 days. Neurologic examination revealed deviation of uvula to the left side and features of consolidation over the right upper chest. Magnetic Resonance Venography (MRV) revealed thrombosis involving right transverse sinus, sigmoid sinus extending up to right internal jugular vein. The diagnosis of vernet syndrome with aspiration pneumonia was made. Later thrombophilia screens showed protein S deficiency. He was treated with broad spectrum antibiotics and started anticoagulation with dabigatran. After 6 months of anticoagulation he recovered fully with no residual neurological deficit.

Keywords: Dural Venous Sinus Thrombosis, Vernet Syndrome, Protein S Deficiency

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Affiliations:

1. Professor 3and Head, Department of Internal Medicine Ad-din Women's Medical College Hospital, Dhaka, Bangladesh
2. Asst Professor, Dept of Medicine, Ad-din Womens Medical College Hospital, Dhaka, Bangladesh.