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ORIGINALLY PUBLISHED SEPTEMBER 23, 2026

Article Commentary: “Early Inflammatory Biomarkers Associated With Functional Outcomes in Acute Cerebral Venous Thrombosis”

Natalie Neale, MD

Cruz-Criollo L, Galecio-Castillo M, Rodriguez-Calienes A, Kalakoti P, Cano-Nigenda V, Brito A, Barboza MA, Gao J, Mercado A, Pereda-Castillo A, et al. Early Inflammatory Biomarkers Associated With Functional Outcomes in Acute Cerebral Venous Thrombosis: CLOT-VENUS Substudy. *Stroke*. 2026;57:1632–1642.

Cerebral venous thrombosis (CVT) is increasingly being recognized but is still underdiagnosed due to its non-specific presentation. Recently, certain inflammatory biomarkers are starting to be acknowledged as diagnostic tools for thrombotic disorders. However, they have not yet been used as part of the diagnosis or prognostication of CVT. The authors for this study hypothesized that elevated inflammatory markers would be associated with worse outcomes in CVT.

This was a retrospective cohort observational study, using the CLOT-VENUS registry (2004-2024), which includes two comprehensive stroke centers in the United States and Mexico. All patients had CVT that was diagnosed by imaging. In this substudy, patients who were hospitalized for CVT and had a complete blood count at admission were included. The primary outcome of interest was modified Rankin Scale (mRS) score at 6 months.

Of 432 patients screened, 339 patients were ultimately included in the analysis. Median age was 40 years (IQR, 28–53.5), 65% were females, and 97% of patients had a baseline mRS of 0-2. On multivariable analysis, elevated neutrophil-to-lymphocyte ratio, monocyte-to-lymphocyte ratio, platelet-to-lymphocyte ratio, and systemic immune-inflammation index were all associated with poor functional outcome at 6 months (mRS 3-6), as well as poor functional outcome at discharge. The authors also performed analysis to determine optimal predictive thresholds for the inflammatory markers. Using those cutoffs, patients with elevated inflammatory markers had increased odds of poor functional outcome at discharge and 6-month follow-up, as well as increased odds of mortality.

The authors point out that one limitation of the study is its retrospective design, with inherent risks of selection bias and residual confounding despite adjustment for known prognostic factors. Nonetheless, these results suggest that inflammatory markers, all obtainable from a routine blood count, can potentially be used in CVT to help predict outcomes in a clinical trial setting. These results are consistent with other studies demonstrating association of inflammatory markers with outcomes in other vascular and thrombotic diseases. Identifying patients at higher risk with these markers may allow clinicians to consider more advanced therapies in these cases beyond anticoagulation, though prospective studies are needed to further confirm these findings.



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"Article Commentary: “Early Inflammatory Biomarkers Associated With Functional Outcomes in Acute Cerebral Venous Thrombosis”", September 23, 2026.

DOI: 10.1161/blog.20260923.421901

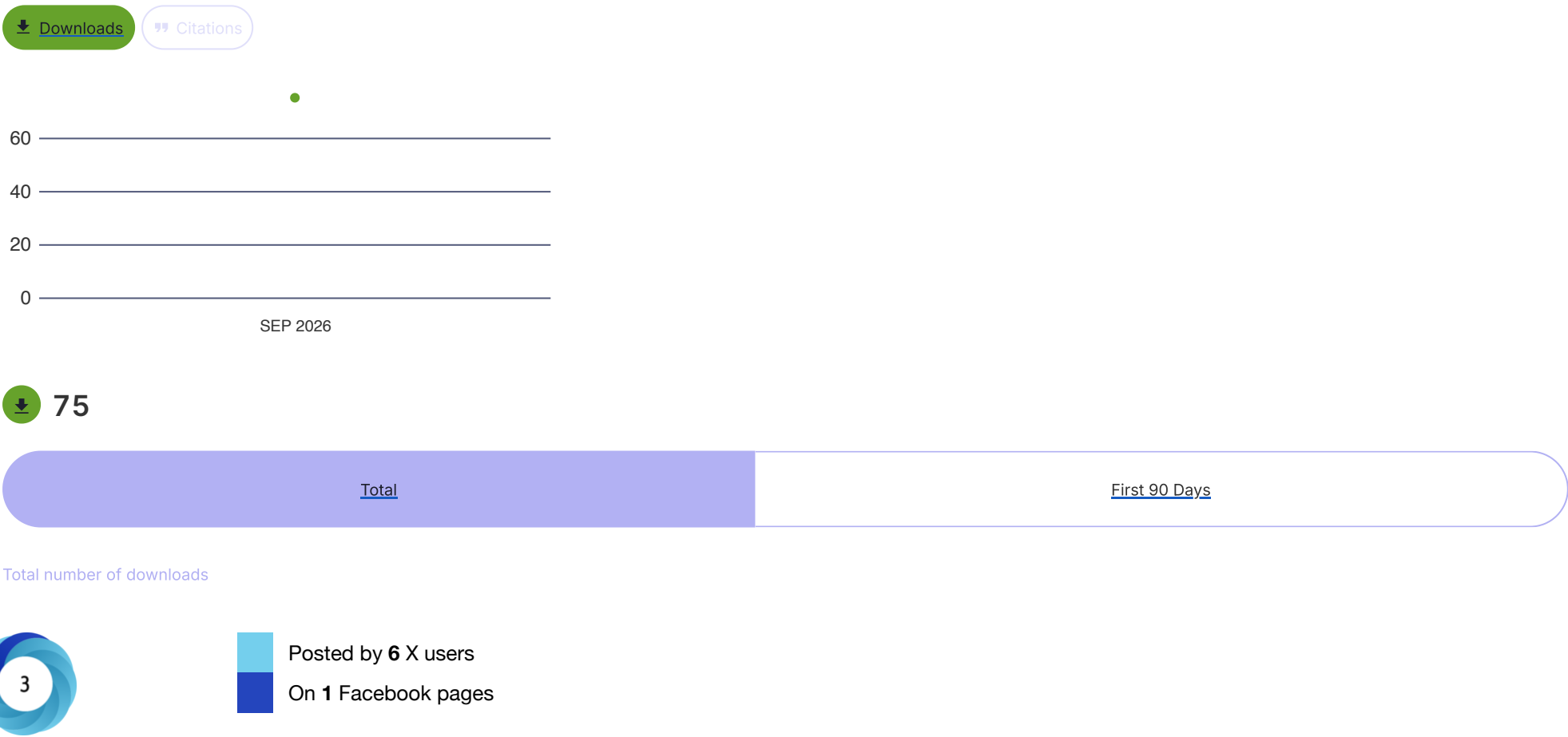
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