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THE RARE ASSOCIATION BETWEEN SPONTANEOUS PAMPINIFORM PLEXUS THROMBOSIS AND ANTIPHOSPHOLIPID ANTIBODY SYNDROME (APS), ONE CASE REPORT

Julia Couto Roriz Loiola (Unichristus, Fortaleza, CE, Brasil), Ligia Cunha Bezerra de Queiroz Siqueira (Unichristus, Fortaleza, CE, Brasil), Francisco Theogenes Macedo Silva (Unichristus, Fortaleza, CE, Brasil), Kristopherson Lustosa Augusto (Unichirstus, Fortaleza, CE, Brasil), Luka Matheus Marques de Aquino (Unichristus, Fortaleza, CE, Brasil), Italo Criszostomo Lima (Unichristus, Fortaleza, CE, Brasil)

BACKGROUND

Spontaneous pampiniform plexus thrombosis is rare and difficult to diagnose, with a clinical condition similar to other causes of scrotal pain. It is usually associated with intense physical effort, resulting in an increase of intra-abdominal pressure and reduction of venous return. Ultrasonographic findings are similar to those of varicocele; the vessels of the pampiniform plexus are dilated, with a caliber >3 mm, but with echogenic material characterizing in the interior representing intraluminal thrombi. Antiphospholipid Antibody Syndrome (APS) should be part of the differential diagnosis of arterial and / or venous thromboses, especially in young patients. The pathophysiology of APS is not fully understood, however, it is assumed that the clinical manifestations are basically due to vascular thromboses.

CASE REPORT

Male patient, 47 years old, reports that for 7 years he presented sexual dysfunction, anospermia, small ulceration in the region of the left buttock, associated weight loss of more than 20% of his weight. In October 2018, the patient was admitted with linphadenomegaly in the inguinal and gluteal regions, about 3 cm, regular and mobile, and edema with important pain in the left inguinal canal, affecting the epididymis, without altering the valsava maneuver. The case's evolution occurred with prostration, fever and abscessed lesion in the left gluteus with seropurulent secretion, without necrosis and with single orifice. It progressed with abdominal pain and pasty diarrhea, 15 episodes, without blood or mucus, that were resolved (abdomen angiotomography discarded mesenteric ischemia hypothesis), dizziness and diplopia, with examination of the cranial pairs showing abducent nerve paralysis in the right eye (Skull tomography and magnetic resonance imaging without changes). He was diagnosed with Diabetes Mellitus (glycemia = 178 mg / dl) and plexiniform thrombosis (confirmed by US Doppler) secondary to APS. The test for the detection of Lupus Anticoagulant was positive, as well as anti-Cardiolipin antibodies IgG of 57,76 and IgM of 96,1 MPL.

CONCLUSION

We should always suspect the presence of APS when we are faced with thrombotic events in young patients, in the presence or not of Systemic Lupus Erythematosus. We describe a case of a patient with pampiniform plexus thrombosis secondary to APS presenting lymphadenopathy and pain in the inguinal region. The US Doppler was a method of choice for diagnostic aid and the dosage of the antibody that was confirmatory for APS.