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THROMBOSIS OF SUPRARENAL VEIN IN PATIENT WITH ANTIPHOSPHOLIPID ANTIBODIES SYNDROME (APLS)

Leandro Diniz Garcia (UNIFENAS - Universidade José do Rosário Vellano, Alfenas, MG, Brasil), Bianca Rodrigues Mota (UNIFENAS - Universidade José do Rosário Vellano, Alfenas, MG, Brasil), Paloma Lilian Andrade Pedroso (UNIFENAS - Universidade José do Rosário Vellano, Alfenas, MG, Brasil), João Pedro Cachero Lino (UNIFENAS - Universidade José do Rosário Vellano, Alfenas, MG, Brasil), Junia Mesquita (UNIFENAS - Universidade José do Rosário Vellano, Alfenas, MG, Brasil), Paolla Sanna Cardoso Furini (UNIFENAS - Universidade José do Rosário Vellano, Alfenas, MG, Brasil), Evanil Minussi Filho (UNIFENAS - Universidade José do Rosário Vellano, Alfenas, MG, Brasil), Gabrielly Souza Gonçalves (UNIFENAS - Universidade José do Rosário Vellano, Alfenas, MG, Brasil)

BACKGROUND

The antiphospholipid syndrome (APS) is a systemic autoimmune disorder, characterized by arterial or venous thrombosis, fetal death and recurrent spontaneous abortion, and thrombocytopenia, followed by elevated levels of antiphospholipid antibodies: lupus anticoagulant and/or anticardiolipin. The frequency in general population, is unknown. It can be found in 50% of patients with systemic lupus erythematosus (SLE) in a percentage that ranges from 1 to 5% of the population. In SAF, the episodes of thrombosis can occur in vascular beds infrequently affected by other post-thrombotic states. The objective of this work is to alert the health professionals to the possible diagnosis of SAF in cases of venous and arterial thromboses in recurrent and uncommon places.

CASE REPORT

Report of a case of a 13 years old male patient in investigation for thrombocytopenia with a history of deep venous thrombosis from 1 year ago, with complaint of recurrent abdominal pain in left lumbar region without analgesia improvement, being evidenced in abdominal tomography the presence of thrombosis in suprarenal vein associated with mild bleeding. In etiologic investigation, the patient fulfils criteria for a diagnosis of SLE (ANF 1/320 nuclear homogeneous, hemolytic anemia, thrombocytopenia, Raynaud's phenomenon and decrease of complement) and APS (positive anticardiolipin in 2 occasions and thromboses). Anticoagulation with warfarin and immunosuppressant with corticoid and azathioprine has been initiated with good evolution of clinical case. With a exuberant and diversified clinical and laboratorial conditions, the diagnosis of APS, may be difficult for the physician. Therefore, laboratorial and clinical diagnosis criteria were elaborated, being sufficient for the performance of the diagnosis of APS.

CONCLUSION

The antiphospholipid antibodies syndrome is a multi-systemic disorder associated with a variety of circulating antibodies, which target are different phospholipid complexes. The main clinical manifestations are fetal death and arterial and/or venous thromboembolic complications. It’s relevant for the doctor to recognize this syndrome, especially in cases of thromboses in unusual and recurrent places, collaborating with the diagnosis and precocious treatment.