

Case report

Andrea Smržová

Faculty Hospital and Palacky university Olomouc

Czech republic

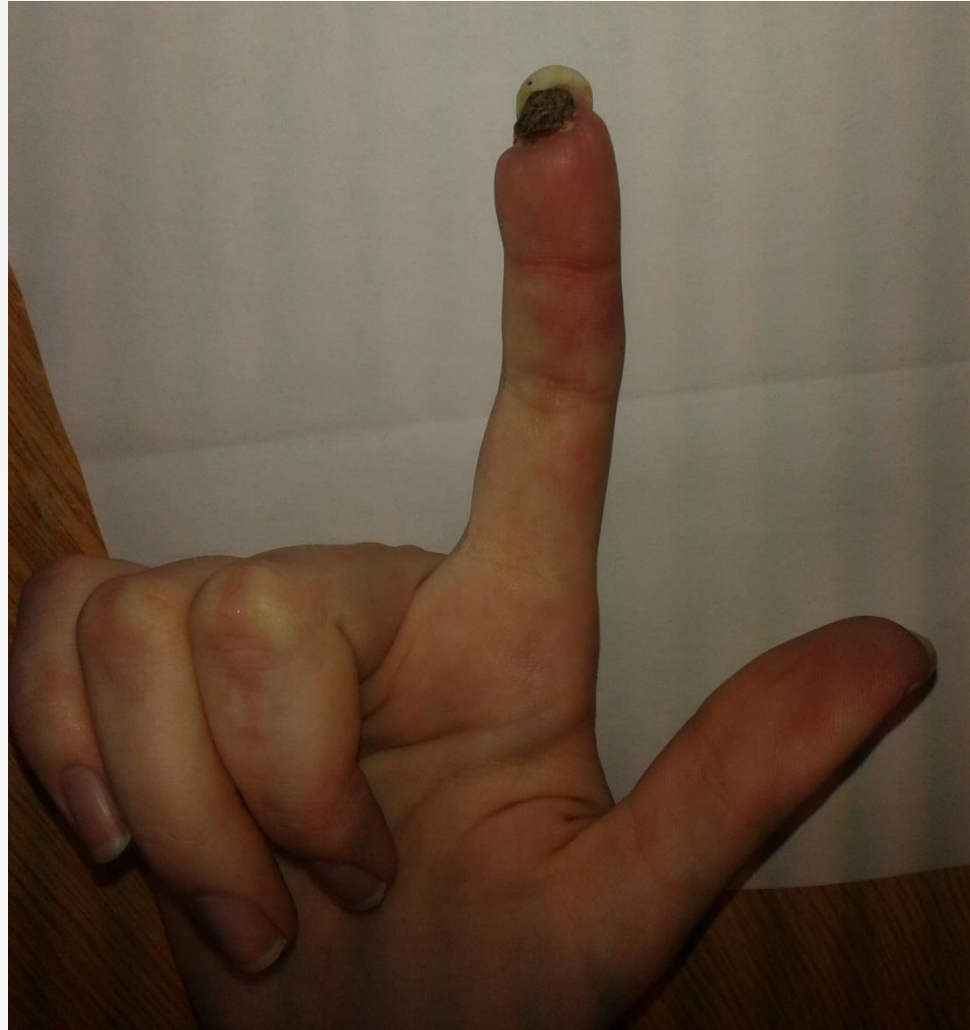
VL 1992

- Healthy young woman to 10/2014
- 10/2014 - acrocyanosis of hands
- 12/2014
 - ✓ necrosis of distal phalanx of II. right finger
 - ✓ acrocyanosis of other fingers on hands and feet too
 - ✓ problems with breathing by moving
- Christmas 2014
 - ✓ acute worsening
 - ✓ problems with vision - on both sides, worse on right - see only shadows
 - ✓ hospitalisation in general hospital in place of living
 - ✓ after two days hospitalisation in our clinic

VL 1992

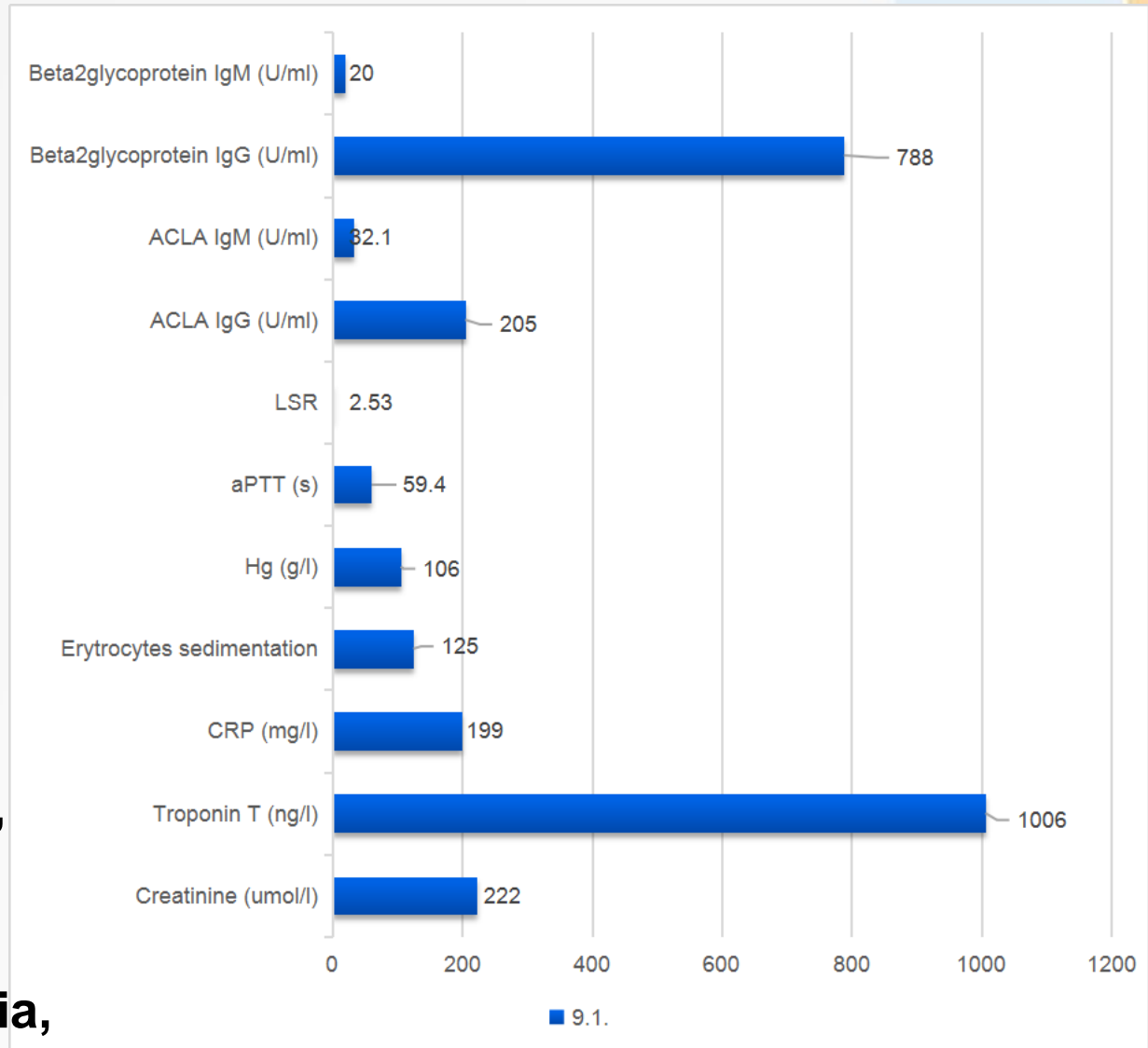
- Admission report
 - ✓ no important information in history, non smoker, active sports
- Clinical examination:
 - ✓ dyspnoea at rest
 - ✓ quadruhyperreflexions and neocerebellar symptomatology
 - ✓ livedo reticularis
 - ✓ amaurosis on right eye, see shadows on left eye
 - ✓ cyanosis - central and periferial
 - ✓ necrosis of II. right finger

VL 1992



VL 1992 - Laboratory

- **Pathological:**
 - ✓ **Myoglobin - 125ug/l**
 - ✓ **NTproBNP - >35 000**
 - ✓ **Proteinuria - 1g/day**
 - ✓ **Cultivation of candida albicans - tongue**
- **Negative:**
 - ✓ **Cryoglobulins, creatin kinase**
 - ✓ **Immunology - ANA, ENA, ANUC, anti ds DNA, ANCA, C3, C4**
 - ✓ **Thyroids hormones, antibodies**
 - ✓ **Serology (CMV, EBV, borrelia, hepatitis, listeria, herpes viruses, mycoplasma, chlamydia), cultivations**



Normal range of ACLA, beta2 glycoprotein - 20U/ml
Normal range of LSR - 1-1.25

VL 1992 - Examination

- **CT angiography**

- ✓ excluded embolism
- ✓ pleural effusion on right
- ✓ possible ARDS (Acute respiratory distress syndrome)

- **Echocardiography**

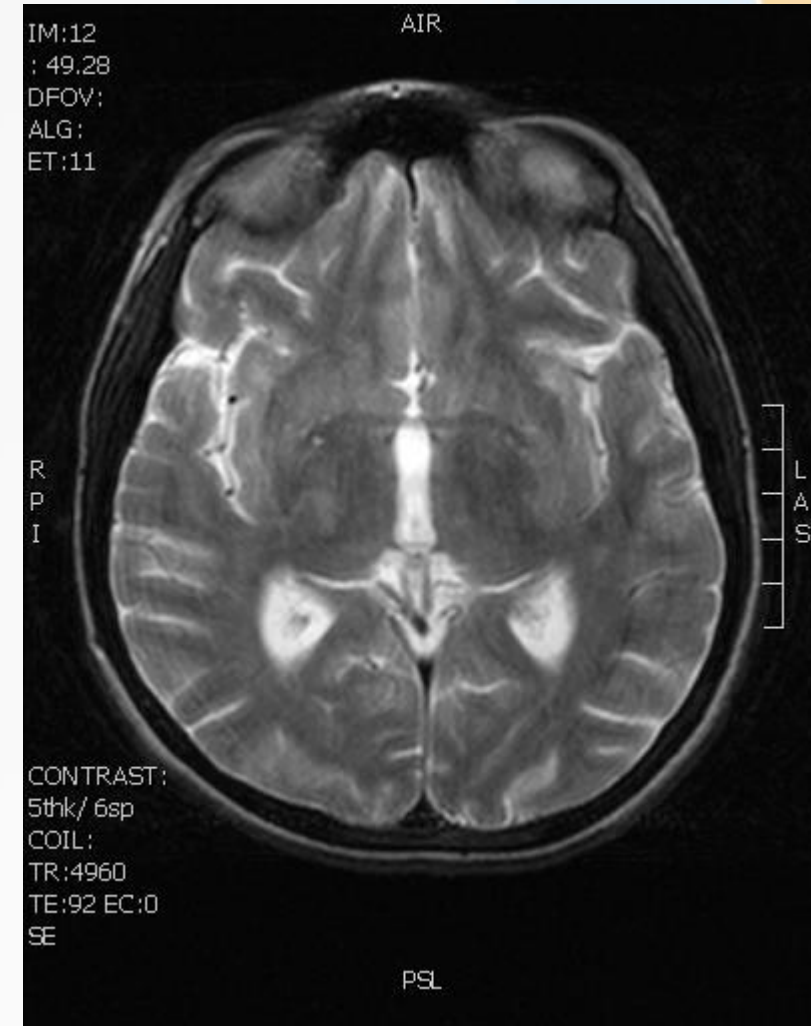
- ✓ heavy damage of contractility
- ✓ ejection fraction of left ventricle 25%
- ✓ pulmonary hypertension - PAPS 40mmHg
- ✓ without effusion

- **Kidney ultrasound**

- ✓ normal size, oedema of kidney

VL 1992 - Examination

- **Ophthalmologic examination**
 - ✓ right site - massive obliteration of vessels with total non perfusion on temporal site, laserphotocoagulation, lost of visus will be permanent
 - ✓ left site - small vessel obliteration with collateral system
 - ✓ possible vasculitis or obliteration aetiology
- **MRI+MRA**
 - ✓ multi-local older lesion supratentorial bilateral
 - ✓ acute supratentorial lesion bilateral
 - ✓ possible postischemic, embolism aetiology?
- **USG+scintigraphy of thyroid gland**
 - ✓ possible thyroiditis



VL 1992 - therapy

- **Hospitalisation on ICU (Intensive Care Unit)**
- **Plasmapheresis - 5x**
- **Pulses of high doses corticosteroid (methylprednisolon)**
 - ✓ 3days à 1g, than à 125mg (total 3,925g)
 - ✓ p.o. prednison 40 per day, after 3 months 5mg per day
- **Anticoagulant therapy**
 - ✓ **Low-molecular-weight heparin (LWHM), nadroparine 0.1/kg**
 - ✓ **Warfarin, INR 3-3,5**
- **Symptomatic therapy**
 - ✓ **Cardiac failure** - diuretic (i.v., p.o. furosemid 60mg), perindopril 4mg, carvediol 25mg
 - ✓ **Vasodilatation therapy** - i.v. alprostadil, p.o. naftidrofuryl, acidum acetylsalicylicum
 - ✓ **Others** - thiamazol, statins, substitution of kalium, calcium, magnesium, vitamin D, B
 - ✓ **Analgetics, antibiotics, antimycotisc**
- **Lasephototherapy** - repeatedly

VL 1992 - Diagnosis

- **Catastrophic antiphospholipid syndrome**
 - Myocarditis
 - Renal failure
 - Ischemic retinopathy
 - Ischemic brain lesions
 - Acrocyanosis with gangrene II. finger
 - Ischemic induces hyperthyroiditis
- High positive anticardiolipin antibodies

VL 1992 - 12/2016

- Heart - EF 55%, dilatation of left ventricle
- Eyes - completed occlusion on right eye, on left side collateral vessel system, visus monocular, good adaptation to vision in space
- Kidney - normal
- Thyroid g. - normal
- Fingers - normal, without tissue changes
- Neurological symptoms - normal, old stationary lesions on MRI

