Abstract

Libman-Sacks Endocarditis (LSE) is a form of nonbacterial thrombotic endocarditis (NBTE) occurring in the setting of hypercoagulable states like solid organ malignancies, systemic lupus erythematosus (SLE) and primary or secondary antiphospholipid antibody syndrome (APLS). Most of the time it has an asymptomatic course but once symptomatic can display cardiac failure secondary to valvular dysfunction, cerebrovascular or systemic thromboembolism and secondary infective endocarditis.

LSE is the most characteristic cardiac manifestation of SLE. Even though the incidence of clinically significant valve dysfunction and embolic phenomenon is low when it is associated with secondary APLS, risk for embolic cerebrovascular events is high.

We present a case of a 39-year-old female who admitted with a left sided ischemic stroke ultimately turned out to be having LSE secondary to SLE and APLS. This will demonstrate the importance of having a high degree of suspicion for the diagnosis of LSE and its etiology when evaluating a young stroke.