

Abstract

Antiphospholipid syndrome (APS) is an autoimmune disease. By definition, APS has at least one of the autoantibodies known as antiphospholipid antibodies (aPL) and the presence of at least one of the clinical manifestations of, either venous or arterial thromboses or pregnancy morbidity. Haemorrhage is also a possibility.

Immune thrombocytopenia (ITP) is an acquired thrombocytopenia resulting from autoantibodies to platelet antigens.

In this case report, I present the case of a 35-year-old mother of two who presented with sudden onset shortness of breath of one-day duration. On further evaluation, it was found that she did not have any history of trauma, bleeding manifestations, leg swelling, frothy urine, chest pain or rashes.

This patient had a past history of recurrent deep vein thrombosis and thrombocytopenia. Once in the past, her DRVVT/KCT had been positive. The tests were not repeated due to her poor compliance. Her chest X-ray showed bilateral alveolar pulmonary infiltrates. She was intubated as her saturation dropped. During intubation, blood drained from the endotracheal tube. Her platelet count was 13000 per mm³. She was on warfarin for DVT prophylaxis and her INR was 2.25. Considering the above findings, we suspected pulmonary haemorrhages to be the cause of her presentation with shortness of breath. CT scan of the chest suggested pulmonary haemorrhages (figure 1) and her bone marrow trephine biopsy performed showed megakaryocytic hyperplasia with left shift. INR was within the therapeutic range, but APTT was prolonged. Her IgG anticardiolipin antibody and IgG beta 2 glycoprotein antibody was positive. She had a history of DVT. After investigations, we

diagnosed her to be having antiphospholipid syndrome and immune thrombocytopenia. Though rare, the possibility of these two conditions coexisting should be in mind when evaluating such patients. This patient is a housewife and a mother of two. Her husband is a fruit seller. They are of a low-income family. She has a history of poor compliance mainly due to poor knowledge regarding her disease. Therefore, we educated her and her husband regarding the disease and the importance of continued clinic follow-up.