Abstract

Antiphospholipid syndrome (APS) is an acquired auto immune thrombophilia. In the presence of antiphospholipid antibodies it is characterised by venous, arterial thrombosis & pregnancy losses. Thrombocytopenia in APS is usually mild not require further interventions.

Immune thrombocytopenia is an acquired thrombocytopenia resulting from immune mediated peripheral destruction of platelets.

This is a case report of a 59 year old patient who presented with sudden onset of progressive shortness of breath. On further evaluation there was history of preeclampsia in last two pregnancies & two intrauterine deaths at 34 & 36 weeks at gestation. She denies having history of oral ulcers, alopecia or photosensitive rashes. 2D –Echocardiogram showed right atrial & ventricle dilatation, CT pulmonary angiogram confirms diagnosis of chronic pulmonary embolism. INR was within normal range, but APTT was prolonged & ANA was negative. Her IgG anticardiolipin antibody & IgG antiglycoprotein antibody was positive. After investigations she fulfil criteria of APLS & diagnosed to have primary APLS. ITP is a diagnosis of exclusion & after excluding the other causes of thrombocytopenia.

Pulmonary embolism was treated with subcutaneous Enoxaparin 80mg twice day with Warfarin, after correction of platelets with intravenous Immunoglobulin's (1g/Kg) & commenced on prednisolone 60mg daily.
Though rare, possibility of this two conditions should be keep in mind when evaluating a patient with primary APLS.