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PEDIATRIC CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME PATIENT EVOLVING TO SYSTEMIC LUPUS ERYTHEMATOSUS

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BACKGROUND

We aim to describe a rare case of a young patient with a catastrophic antiphospholipid syndrome (cAPS) who evolved to systemic lupus erythematosus (SLE).

CASE REPORT

A 15-year-old girl came to the emergency department with acute peritonitis secondary to ischemic perforation of the sigmoid. Computed tomography angiography was suggestive of a thrombotic occlusion of the upper mesenteric artery. Laboratory tests revealed a positive lupus anticoagulant and antinuclear antibodies. A cAPS diagnosis was determined based on more than three different sites of thrombosis (lung, kidney, spleen and sigmoid) in less than one week with a lupus anticoagulant. She was treated with intravenous methylprednisolone 1 mg/kg/day associated with intravenous heparin followed by intravenous immunoglobulin. She had a very good outcome with a total improvement and was discharged from the hospital after 2 months. After 12 weeks, while the lupus anticoagulant remained positive. After two months, a systemic lupus erythematosus was diagnosed. She was treated with increasing dose of prednisone and azathioprine 100 mg/day and hydroxychloroquine were added to the treatment. After 2 weeks, she was asymptomatic. She is currently well, asymptomatic using hydroxychloroquine, azathioprine and warfarin.

CONCLUSION

In summary, this article reported the first case of a pediatric cAPS patient who was successfully treated with triple therapy and after two months, she evolved to lupus.