

PV143 / #281

POSTER SESSION 13: AUTOIMMUNITY AND BIOMARKERS

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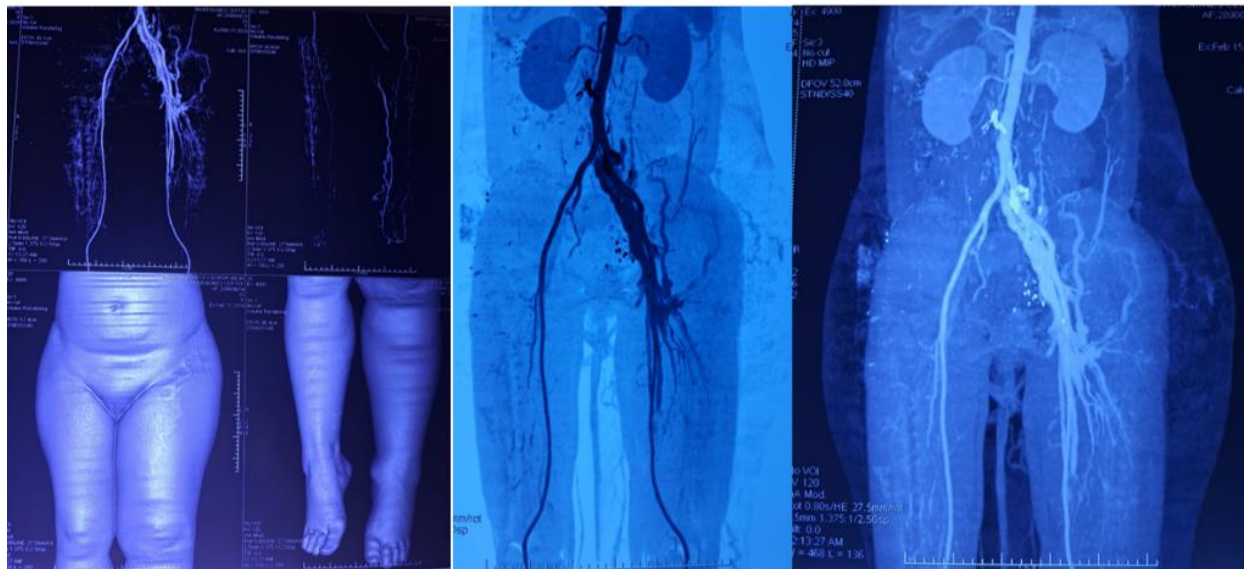
REFRACTORY ANTIPHOSPHOLIPID ANTIBODY SYNDROME, OTHER RISK FACTORS FOR THROMBOSIS. A CASE REPORT.

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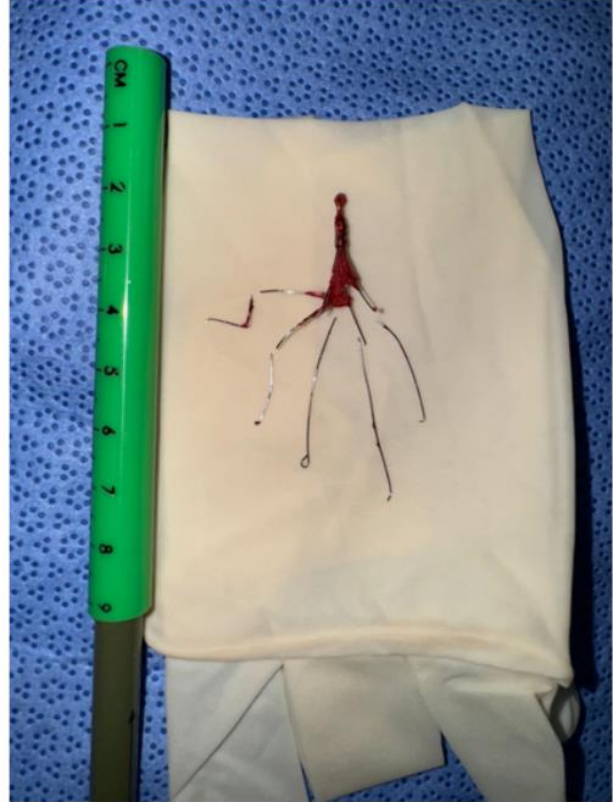
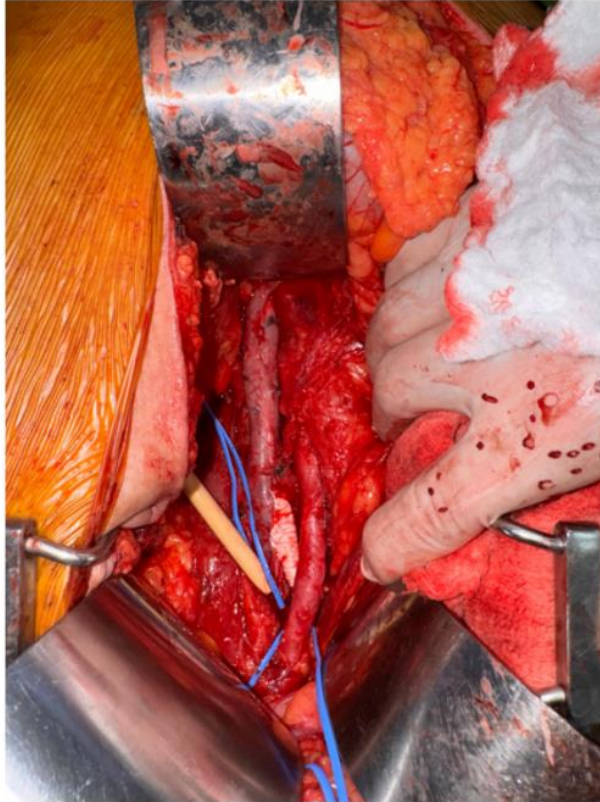
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Background and Aims: Refractory APS can be defined as a breakthrough thrombosis during standard oral anticoagulant therapy. Management is challenging and is conducted by extrapolating the management of similar cases.

Methods: A 35-year-old female patient with APS, with a history of obstetric losses, triple positivity for aPL, three thrombotic episodes of the left common femoral vein, May Turner syndrome with stent placement at the left lower limb, and the presence of an inferior vena cava filter; she received LMWH, warfarin, and rituximab. She presented to the emergency with a history of edema, pain, and an increase in the diameter of the left leg. A CT angiography was performed, which showed a thrombotic event (Image 1). It was considered as a refractory APS.



Results: During the Vascular Surgery assessment, migration of the vena cava filter towards the aorta was established; there was no passage of contrast medium from the left common femoral vein to the inferior cava, with dilated accessory venous pathways. She was taken to exploratory laparotomy to extract the vena cava filter, primary cavorrhaphy, and ilio caval reconstruction with a PTFE graft, with adequate passage of contrast medium. **(Image 2)**



A diagnosis of refractory APS with mechanical obstruction was made. After five months, the patient's left lower limb diameter decreased, she experienced no pain, and his mobility