

## Dramatic Vasculopathy in a Patient with Antiphospholipid Syndrome

*Sir,*

During the last 10 years, several cases with severe manifestations of antiphospholipid syndrome (APS) affecting different organs and systems and often leading to death have been reported (1). We observed a 44-year-old female patient with septic temperature, oedema of the limbs and severe pains from giant secreting ulcers of the legs. In addition a vesicular and bullous rash with crusts suddenly appeared on the legs. Six years earlier the patient had had a pulmonary artery thrombosis, and 4 years earlier a superficial thrombophlebitis. At present she suffers from chronic bronchitis, hypertension and obesity. Laboratory data: ESR (mm/h) – 100; hemoglobin (g/l) – 80; creatinine (mol/l) – 155; urine-increased proteins, 15–20 leukocytes, 20–25 erythrocytes, 5 cylinders; thrombocytes – 90000; prothrombin time index – 60%; partial thromboplastin time – 40 s; C3 complement (mg% – 25; C4 complement (mg%) – 7,7; LE cells – negative; ANA (rat liver) – 1:160; IgG anticardiolipin Ab (GPU) – 56; Cryoglobulins – positive; skin biopsy – leukocytoclastic vasculitis, negative direct immunofluorescence; Wassermann reaction – negative; Fast test with cholinchlorid – 4 (+); Nelson Mayer reaction – 32%.

The patient improved following treatment with penicillin, rocephin, ampicin, fortum, zynnac, metronidazol, urbason, nizoral. Local treatment-nebacetin spray, trypsin, bactroban.

Our patient showed presence of anticardiolipin antibodies (ACL), lupus anticoagulant (LA), false positive quick test for

syphilis, changes in haemostasis (thrombocytopenia, prolonged prothrombin time and partial thromboplastin time), and data for thrombotic events in the past. According to Alegre & Winkelmann (2), the dermatologic manifestations of APS are thrombophlebitis (34%), ulcers (30%), gangrene (19%), haemorrhage (10%) and cutaneous necroses (2%). The most frequent histopathologic finding is non-inflammatory thrombosis, more rarely necrotising vasculitis (3).

As a conclusion, the severe sepsis, accompanied by ulcerations on the legs, clinical data for thrombotic events and characteristic changes in haemostasis confirm the idea of development of dramatic, catastrophic APS in this patient.

### REFERENCES

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