

## Intro

Antiphospholipid antibodies are known to occur in approximately 40% of patients who are diagnosed with systemic lupus.

The patient in our study had SLE, APS and TMA which is a rare constellation of findings

## Case Presentation

A 51-year-old female with a pertinent medication history of SLE with lupus nephritis who presented after a vacation with what she explained as difficulty taking deep breaths and progressive lower extremity edema.

Treatment plan initially was solumedrol 1 gm x 3 days followed by Mycophenolate mofetil 500 mg BID ten 1000 mg BID.

However renal function continued worsening, therefore hemodialysis started. Transferred to higher level of care, but TMA was not in conjunction with TTP, therefore, plasma exchange was not indicated.

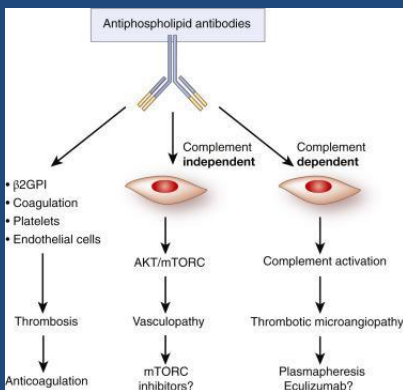
**Blood Vessels Affected based on Size:**  
Larger vessels, such as arteries or veins, causes thrombosis or embolism

Smaller vessels, including capillaries, cause Thrombotic MicroAngiopathy TMA

- Antiphospholipid Syndrome Antibodies:**
- ❖ Antiphospholipid
  - ❖ Anticardiolipin
  - ❖ Anti B2GPI
- ❖ Risk of Clots w. combo of Antibodies

**Lupus History**  
17 years ago without Nephritis and on Plaquenil. However, in 2007, biopsy confirmed lupus nephritis, on a few years cyclophosphamide

**Labs**  
Creatinine was 5.2 from 1.7 one month ago



## Discussion

Thrombotic microangiopathies (TMA) is the triad of hemolytic anemia, thrombocytopenia and microthrombi in both veins and arteries.

25% develop antiphospholipid syndrome nephropathy and 12.5% develop thrombotic microangiopathy (TMA) (2).

2.2% of patients have both simultaneously

Biopsy findings consistent with antiphospholipid syndrome include nephrotic range proteinuria with a variety of nonspecific changes.

Intermediate-intensity INR greater than 2.0 treatment with warfarin significantly reduced the rate of thrombosis. Rate of recurrence among patients who are not anticoagulated can be as high as 70%, so warfarin treatment is long term.

## Conclusion

Treatment for TMA is normally plasmapheresis but KDIGO criteria for our patient chose treatment with anticoagulation alone