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Case Report: Multiple Pulmonary Thromboembolisms Following Permanent Catheter Insertion in Anti-Phospholipid Syndrome

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Case Study : Antiphospholipid syndrome (APS) is a clinical and laboratory diagnosis characterized by both persistent laboratory evidence of antiphospholipid antibodies (aPL) and related complications, which may include venous thrombosis, arterial thrombosis, adverse pregnancy outcomes, and nonthrombotic manifestations. A permanent catheter can cause thromboembolism, though it's not a common event. A 35-year-old male patient visited the emergency room with unexplained fever. Previously, he treated type 2 diabetes mellitus (DM) and hypertension (HTN) approximately two years ago. One month ago, the patient underwent a craniectomy in neurosurgery due to a cerebral infarction and initiated hemodialysis through a permanent catheter due to decreased renal function. A kidney biopsy could not be performed due to a deterioration in the patient's condition. Computed tomography (CT) performed at the emergency department revealed multiple pulmonary thromboembolism (PTE) involving lobar and subsegmental right pulmonary arteries. We initiated empirical antibiotic therapy and anticoagulation with intravenous heparin. Further investigations were subsequently conducted to determine the underlying cause. The test results indicated a positive lupus anticoagulant and with anticardiolipin antibody IgG positive, Lupus anticoagulant positive and with several thrombosis events, fulfilling the diagnostic criteria for antiphospholipid syndrome(APS). His fever subsided on the fifth day after admission. Following arteriovenous fistula surgery, we transitioned him from heparin to warfarin. We report a case of a 35-year-old man who developed multiple PTE following permanent catheter insertion in APS.