Abstract

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Intracardiac thrombosis in a patient with primary antiphospholipid syndrome

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Background

Antiphospholipid syndrome (APS) is a systemic autoimmune disorder characterized by venous and arterial thrombosis, recurrent abortion, and thrombocytopenia and sometimes by cardiac involvement. We describe a case of intracardiac thrombosis associated with primary APS.

Case report

A 28-year-old female patient was admitted to our hospital because of swelling and pain of the right leg. Venous Doppler ultrasound showed femoral, popliteal, and great saphenous vein thrombosis. CT scan showed pulmonary embolism. It was negative for active malignancy. She did not take oral contraceptives. She was not pregnant. Anticoagulant protein S, protein C, and Ant thrombin were normal. Factor V Leiden and prothrombin G20210A mutation were negative. A prolonged activated partial thromboplastic time (aPTT), along with a positive lupus anticoagulant and high titer of anticardiolipin IgG antibodies and aβ2 glycoprotein I-IgG antibodies suggested for APS. Transthoracic echocardiogram revealed the presence of a heart mass in the right atrium, described as thrombosis on complete Trans esophageal echocardiographic examination and cardiac magnetic resonance imaging. Consultation with cardiac surgeons ruled out surgical treatment. She was discharged with oral anticoagulant therapy with warfarin. Repeated blood tests after 12 weeks confirmed the diagnosis of APS. Long-term treatment with warfarin and acetylsalicylic acid was recommended.

Conclusion

Cardiac manifestations of APS may be associated with increased cardiovascular mortality. A prompt and correct identification of APS is needed.