

Catastrophic Antiphospholipid Syndrome with alveolar hemorrhage was Treated with Plasmapheresis

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The catastrophic antiphospholipid syndrome (CAPS) is a rare life-threatening form of antiphospholipid syndrome characterized by vascular thrombosis leading to multiple organ failure. We report a case of CAPS with alveolar hemorrhage and extensive thrombosis triggered by a nasal septum operation. A 43-year-old female occurred the cardiac arrest accompanied by hypotension and cyanosis immediately after a nasal septal operation under general anesthesia. After 2 cycles CPR progress, she was admitted to the emergency room with ROSC. While she recovered consciousness, she had a large amount of hemoptysis with CPR-related lung contusion and pulmonary edema on chest computer tomography (CT, figure 1). She started the ventilator care due to hypoxia, and she had prolonged shock status and renal failure. She got conservative cares with unknown etiology, and blood pressure stabilized, and she finished the ventilator care with improved pulmonary edema after 3 weeks. Her repeated CT showed extensive thrombosis in inferior vena cava, iliac vein, and femoral vein with renal ischemic damage and repeated lupus anticoagulant changed to positive. After 5 days, hemoptysis reoccurred with hypoxia, and she restarted the ventilator care due to acute respiratory distress. Erythematous mucosal change throughout both lung without bleeding focus was observed on bronchoscopy, and laboratory findings showed thrombocytopenia, positive lupus anticoagulant and anti-cardiolipin IgM. We diagnosed as CAPS with alveolar hemorrhage and started plasmapheresis and glucocorticoids pulse therapy. After 4 days, the evidence of bleeding was not seen and respiratory condition was improved, so the extubation was performed. She discharged with oral glucocorticoids maintenance and conventional hemodialysis. CAPS is precipitated by infection or surgery as the case in our patient. Acute onset of thrombosis leads to multiple organ failure, so early diagnosis and management are important for patient survival. Because of the hyper-responsiveness of the immune system is key mechanism in this condition, the immune modulation is important to terminate the organ damage.

