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A RARE CASE OF ISOLATED UNPROVOKED DEEP VEIN THROMBOSIS IN SYSTEMIC LUPUS ERYTHEMATOSUS

Biochemistry

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ABSTRACT

A 28-year-old female was admitted in view of sudden onset of painful swelling of right lower limb from 3 days. It was found out to be due to an underlying extensive deep vein thrombosis (DVT) of right lower limb. There was no history suggestive for provocation of thrombosis. So, we further evaluated for the cause of this unprovoked DVT. Upon evaluation we ruled out the inherited thrombophilias like Protein c and s deficiency, Factor V Leiden, Dysfibrinogenemia, etc. Lupus anticoagulant was negative. Interestingly, we screened for Antinuclear Antibody and it came out to be Positive. Later Extractable Nuclear Antigen (ENA) profile revealed significant positivity of Anti Smith Antibodies.
So, we diagnosed this case as a rare case of Systemic Lupus Erythematosus (SLE) presenting as Unprovoked DVT.

KEYWORDS

Systemic Lupus Erythematosus, Deep vein thrombosis.

BACKGROUND

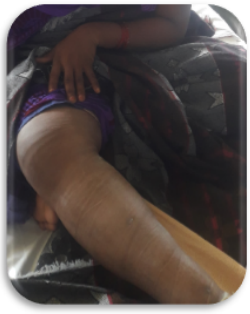
Venous thrombosis in young may be caused by genetic or acquired hypercoagulable states. Up to half of patients with venous thromboembolism before the age of 40 years have inherited hypercoagulable disorders particularly those in whom event occurs in the absence of risk factors or with minimal provocation.

DVT is seen in autoimmune disorders like SLE, primary or secondary antiphospholipid syndrome, IBD and Behcet's disease. In SLE, 10% of patients may develop DVT. 11.9-fold higher risk of venous thromboembolism is seen in SLE patients than the general population.

CASE REPORT

A 28-year-old female presented with painful swelling of right leg for 3 days. Insidious in onset and gradually progressive in nature. No History of similar complaints in the past. No History of trauma, immobility, use of OC pills or Hormone replacement therapy, DM, HTN or CKD. No History of joint pains, abortions, loss of scalp hair or rash. Examination of right lower limb revealed swelling extending from dorsum of foot to groin (Fig. 1). No local raise of temperature. Homan's sign is positive.

FIGURE 1



LFT, RFT and Serum electrolytes were within normal range.

Complete Hemogram with peripheral smear showed microcytic hypochromic anemia.

Venous doppler of right lower limb revealed extensive Deep Vein thrombosis involving CFV, SFV, PV, ATV and PTV.

Arterial doppler was normal.

With the provisional diagnosis of Right lower limb unprovoked DVT in a young female, we evaluated for the underlying cause for DVT.

ANA: POSITIVE
Anti ds-DNA Antibody: NEGATIVE
Anti SS-A antibodies: POSITIVE
Anti cardiolipin IgG and IgM antibodies: NEGATIVE
Antiphospholipid IgG and IgM antibodies: NEGATIVE
Lupus Anticoagulant screen/confirm ratio: 1.1
Serum Homocysteine: 13.14 micromol/L [Normal: <15.00]
Antithrombin III: 22.1mg/dL [Normal: 17-30]
Protein C: 86.7%
Protein S: 92.1%
Urine Hemosiderin: NEGATIVE

We finally diagnosed the case as Systemic Lupus Erythematosus presenting with unprovoked Right Lower Limb DVT Anticoagulation with warfarin was initiated after initial bridging with low molecular weight heparin.

DISCUSSION

Venous thrombosis in young may be caused by genetic or acquired hypercoagulable states.

Up to half of patients with venous thromboembolism before the age of 40 years have inherited hypercoagulable disorders particularly those in whom event occurs in the absence of risk factors or with minimal provocation DVT is seen in autoimmune disorders like SLE, primary or secondary antiphospholipid syndrome, IBD and Behcet's disease.

In SLE, 10% of patients may develop DVT. (1)

11.9-fold higher risk of venous thromboembolism is seen in SLE patients than the general population A recent analysis of the spectrum of autoantibodies present in the sera of individuals in whom SLE is later diagnosed has suggested that autoantibodies reactive with certain RNA binding proteins including the Ro protein occur early in the preclinical stage of disease along with a positive ANA test.

These are often followed by anti-DNA antibodies and finally by the development of antibodies specific for spliceosomal proteins like Smith (Sm) and Ribonucleoprotein (RNP) at approximately the time of diagnosis. (2)

The criteria include 11 features out of which at least 4 criteria are required for classification as SLE

These criteria are not intended for use as diagnostic criteria because more than 50% of patients with SLE do not meet 4 criteria at any point in time, although all do meet these criteria at some point during the course of the disease. (3)

Antiphospholipid antibodies are present in only 50% of patients with SLE

CONCLUSION

Unprovoked DVT may manifest even before appearance of classical physical and immunological features of SLE. Therefore, identification of these associations is of utmost importance in monitoring the disease progression and early identification of future complications.

REFERENCES

1. Cecil Textbook of Medicine, 25th Edition: p:1770, 1774
2. Ezgi Çoşkun Yenigün, Fatih Dede, Serhan Vahit Pişkinpaşa, Ramazan Öztürk, Nihal Özkayar, Didem Turgut Turk Neph Dial Transpl 2014; 23 (2): 172-174
3. Lai NS, Lan JL: Renal vein thrombosis in Chinese patients with systemic lupus erythematosus. Ann Rheum Dis 1997; 56(9): 562-564