



A CASE OF RELAPSING ISCHEMIC ATTACK IN THROMBOCYTOPENIC SUBJECT WITH TRIPLE POSITIVITY ANTI-PHOSPHOLIPID ANTIBODIES PROFILES

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INTRODUCTION: To describe a case of stroke in a woman affected by thrombocytopenia and leukopenia with detection of triple positivity for lupus anticoagulant, anticardiolipin and anti-beta2-glycoprotein I antibodies who relapsed after one month despite treatment with aspirin at high dose.

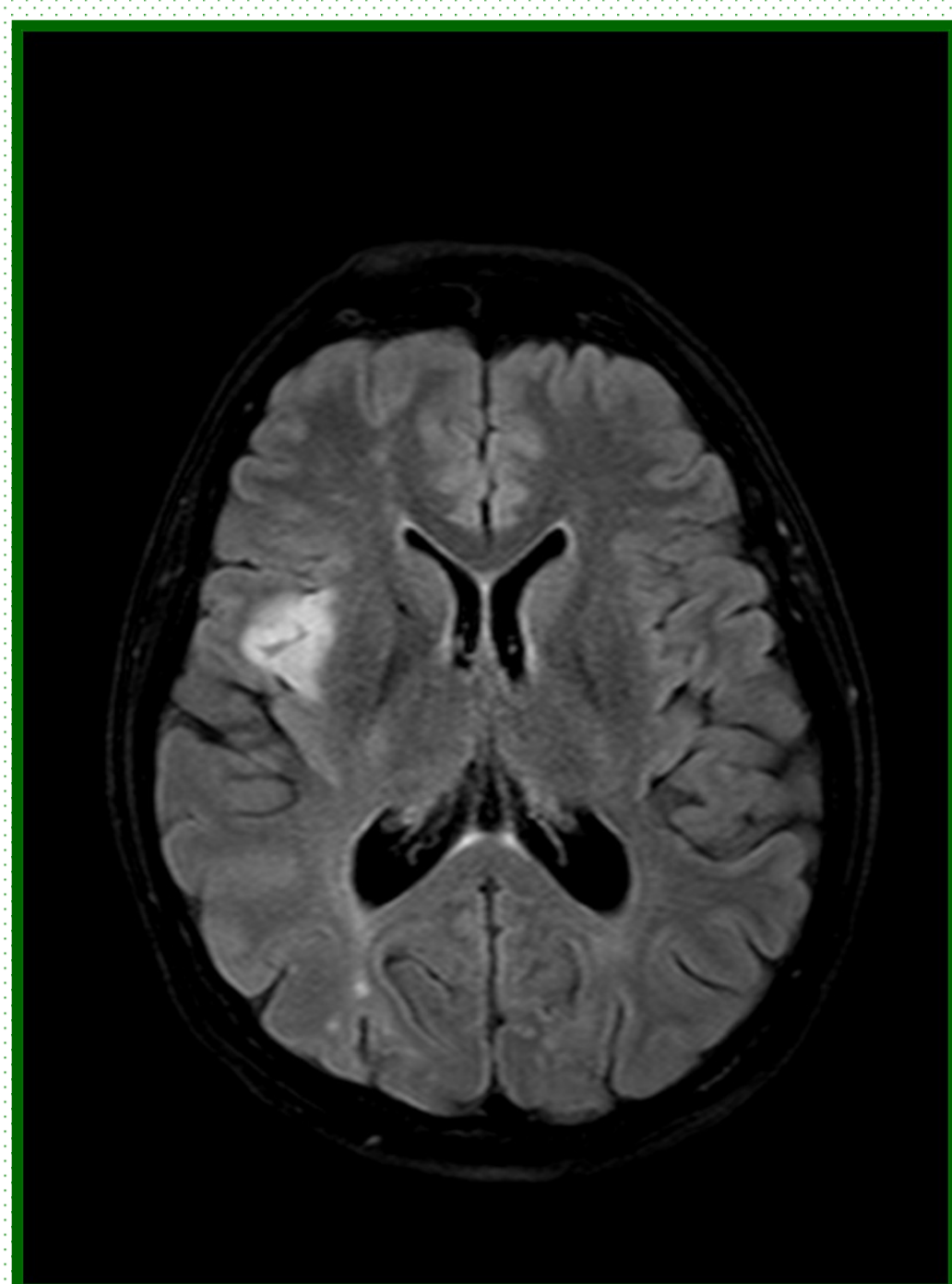
CASE REPORT: A 39-year-old woman developed left facio-brachial paresis. She was affected by undetermined leukopenia. Two years before she had presented spontaneous abortion and thrombocytopenia. Brain RMI revealed ischemic lesion with stenosis of the sylvian segment of right middle cerebral artery. She showed positivity for lupus anticoagulant, anti-nuclear antibodies, IgG anti-beta2-glycoprotein I, IgG anti-phospholipid and IgG anti-cardiolipin antibodies. She was dismissed with diagnosis of stroke in undifferentiating connective tissue disease and was treated with aspirin 300 mg daily. One month later she developed paresthesia and weakness of left arm. Neurological examination was unchanged. Brain CT demonstrated the previous ischemic lesion. Again the patient presented positivity for IgG anti-beta2-glycoprotein I, IgG anti-phospholipid, IgG and IgM anti-cardiolipin antibodies and lupus anticoagulant. In such occasion platelets were $145 \times 10^3/\text{ul}$ and leukocytes were $2.90 \times 10^3/\text{ul}$. She started anticoagulant therapy. No further ischemic events occurred in the following months.

GIUGNO

ANTICORPI ANTI B2GLICOPROTEINA				
IgG	45,4	U/ml	NEGATIVO	fino a 10,0
			DUBBIO	da 10,0 a 14,0
IgM	8,8	U/ml	NEGATIVO	fino a 10,0
			DUBBIO	da 10,0 a 14,0
ANTICORPI ANTI FOSFOLIPIDI				
IgG	86	GPL/mL	NEGATIVO	fino a 10
IgM	8	MPL/mL	NEGATIVO	fino a 10
ANTICORPI ANTI CARDIOLIPINA				
IgG	82	GPL/mL	NEGATIVO	fino a 10
			DUBBIO	da 10 a 14
IgM	11	MPL/mL	NEGATIVO	fino a 7
			DUBBIO	da 7 a 10

AGOSTO

ANTICORPI ANTI B2GLICOPROTEINA				
IgG	19,7	U/ml	NEGATIVO	da 0,0 a 10,0
			DUBBIO	da 10,0 a 14,0
IgM	4,2	U/ml	NEGATIVO	da 0,0 a 10,0
			DUBBIO	da 10,0 a 14,0
ANTICORPI ANTI FOSFOLIPIDI				
IgG	42	GPL/mL	NEGATIVO	da 0 a 10
IgM	7	MPL/mL	NEGATIVO	da 0 a 10
ANTICORPI ANTI CARDIOLIPINA				
IgG	80	GPL/mL	NEGATIVO	da 0 a 10
			DUBBIO	da 10 a 14
IgM	10	MPL/mL	NEGATIVO	da 0 a 7
			DUBBIO	da 7 a 10



DISCUSSION. Guidelines recommend antiplatelet therapy for patients with stroke and positivity for anti-phospholipid antibodies while anticoagulants are recommended for patients who meet the criteria for APS. However uncertainty exists for patients who do not fulfil the criteria for definite APS and those with thrombocytopenia. Moreover the updated criteria advises classification of patients into groups with positivity for one, two or all three laboratory criteria for APS (single, double and triple positivity). This case confirms that correctly identifying patients at risk is a challenge and that triple-positive patients are at high risk. Furthermore recent literature suggests that, in triple-positive group, positivity on 2 occasions, at least 12 weeks apart, may not be necessary.

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