

## Catastrophic APS

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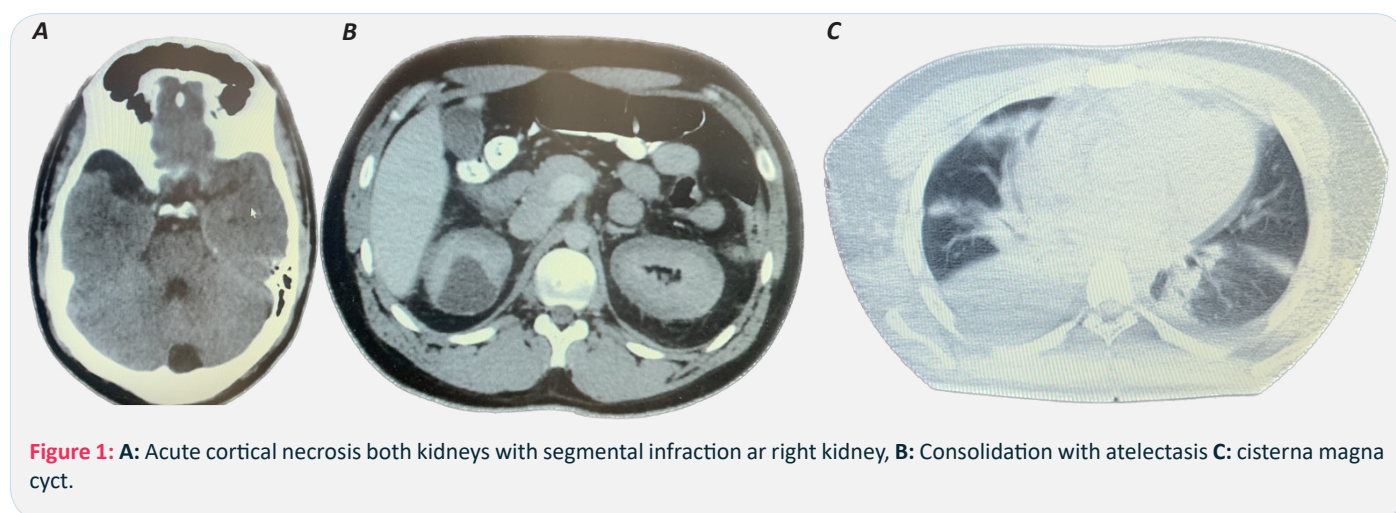
### Description

In this case report, a 20-year-old male patient was admitted to the hospital suffering from nausea and vomiting after drinking alcohol and after two rounds of hemodialysis, he is discharged by the poisoning service. On hospital day 3, the patient presents to the emergency department with nausea and vomiting, fever and abdominal pain, and then undergoes hemodialysis with creatinine 5.8 and high urea. Furthermore, at the same time, antibiotics started with the possibility of pyelonephritis and abdominal CT requested. In CT report, the findings were in favor of bilateral cortical necrosis and infarction of renal (Figure 1) as well as due to the low saturation (oxygen saturation <85%), he transferred to the ICU and cardiac consultation in terms of cardiac problems. In parallel, anticoagulation is also recommended for the patient with the possibility of previous Atrial Fibrillation (AF). During hospitalization, he had a seizure, which in CT showed temporal lobe ischemia, then, the Lumbar

Puncture (LP) performed in the neurology department to obtain information about the Cerebrospinal Fluid (CSF), but due to multi-organ ischemia, vasculitis, ADAMTS13 antigen level and coagulation tests are requested. Plus, on physical examination, the patient suffers from blindness and unilateral deafness.

On the other hand, regarding the delay of laboratory results, we decided that cortisone and dexamethasone 4 ml every 8 hours and heparin drip and plasmapheresis are performed for 5 sessions. Strangely, the symptoms of the patient vision and consciousness improve, but the deafness has a partial recovery and also, he was deficient in factor S and factor C tests.

Finally, with the possibility of catastrophic antiphospholipid syndrome, he was discharged with prednisolon 5 mg once daily and apixaban in a good general condition.



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