

## Rash Provokes Catastrophic Antiphospholid Syndrome

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# Rash Provokes Catastrophic Antiphospholid Syndrome

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## Introduction

### Catastrophic Antiphospholid Syndrome (CAPS)

- A rare life-threatening condition characterized by acute thrombosis in multiple organ systems
- Presence of positive antiphospholid antibodies and organ failure

## Case Description

### History of Present Illness

- 55-year-old male with a history of psoriasis presents with a rash after receiving general anesthesia and cefazolin for an elective circumcision
- Painful diffuse erythematous and pustular rash covering his entire body
- Rash found to be due to Acute Generalized Exanthematous Pustulosis
- Two days later, lost vision in right eye and found to have acute branch retinal artery occlusion
- Became hypotensive, somnolent, and confused and found to have a dilated right pupil

### Labs and Imaging

- Developed acute renal failure with elevated troponins
- Autoimmune and vasculitis workup were unremarkable
- MRI Brain revealed left middle cerebral artery stroke

### Progression

- Started on pressors for shock and required intubation due to increased work of breathing
- Repeat MRI Brain revealed three new infarcts in the right frontal lobe and basal ganglia
- TEE was performed due to concern for endocarditis however it was negative for vegetation
- Bilateral lower extremity ultrasound was negative for deep venous thrombosis
- Thrombotic workup was remarkable for a positive lupus anticoagulant, hexagonal phase phospholipid, and dilute Russell's viper venom time screen

### Reference

<sup>1</sup>. Nayer A, Ortega LM. Catastrophic antiphospholid syndrome: a clinical review. *J Nephropathol.* 2014;3(1):9-17.

### Treatment

- Treated with methylprednisolone, plasma exchange, and a heparin infusion
- Overall condition began improving within 24 hours and he was eventually extubated

### Discussion

- CAPS is difficult to diagnose with a need for high clinical suspicion especially in the setting of concomitant illnesses
- Clinical diagnosis became even more difficult as the patient had such significant physical exam findings

### Conclusion

- Importance of a high clinical suspicion to facilitate and receive prompt treatment in order to improve a patient's chances of survival given the increased morbidity and mortality associated with CAPS

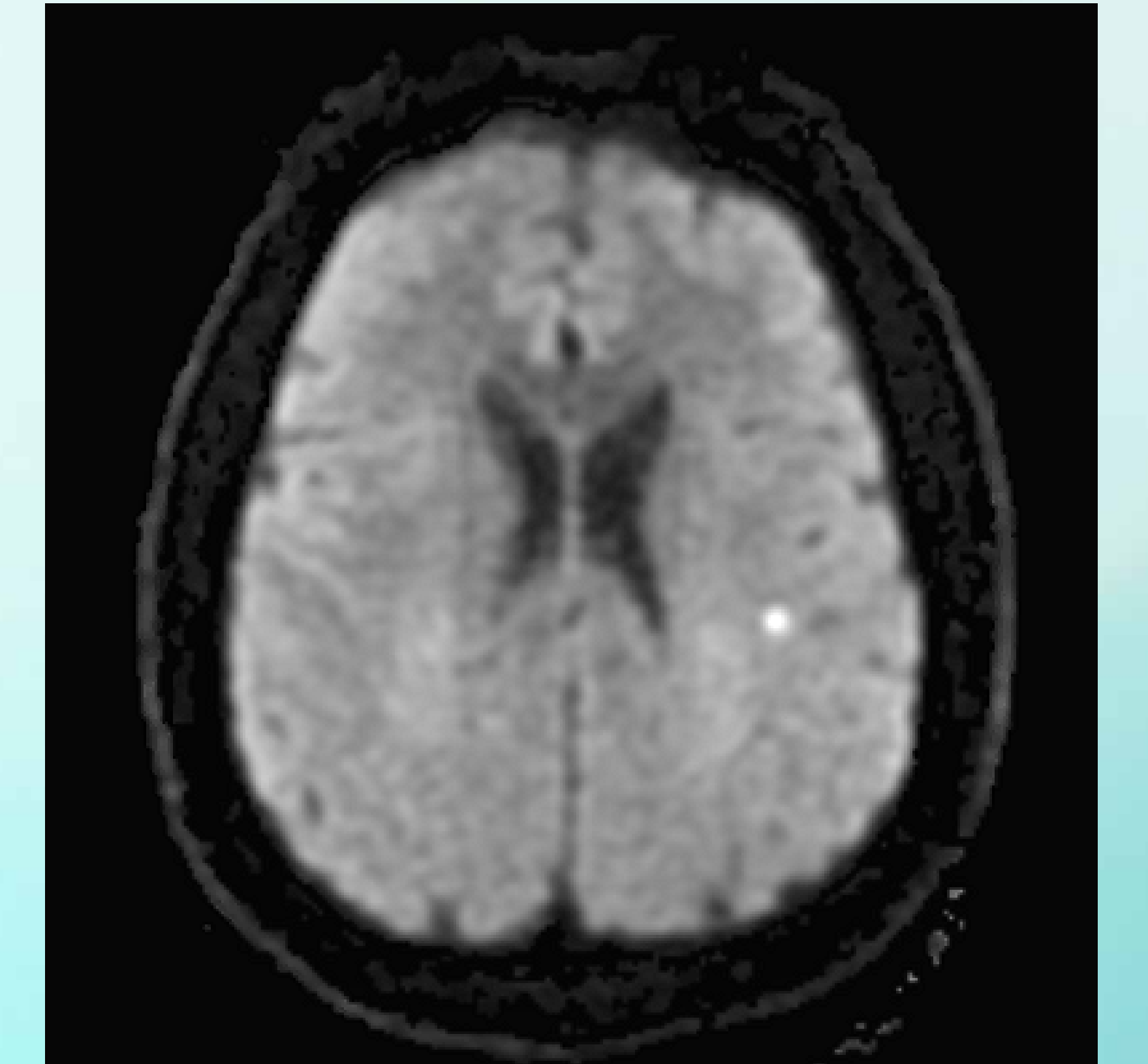


Image 1. Initial MRI of the Brain which revealed left middle cerebral artery stroke.

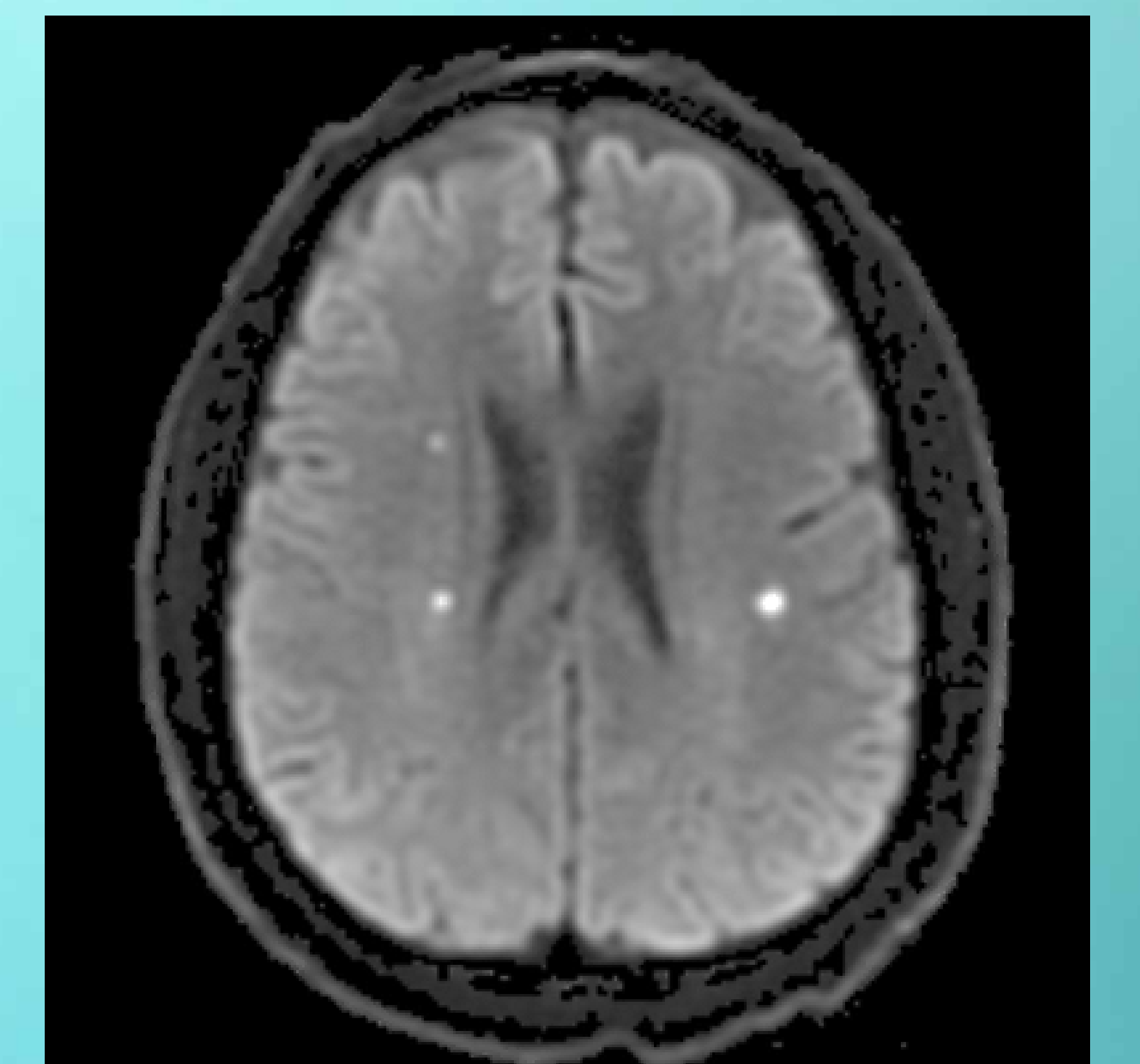


Image 2. Repeat MRI of the Brain which revealed two of the three new infarcts in the right frontal lobe and basal ganglia.

