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# A male patient with systemic lupus erythematosus and antiphospholipid syndrome presented with deep venous thrombosis

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Systemic lupus erythematosus (SLE) is a chronic disease. Antiphospholipid antibodies are detected in laboratory; and recurrent thrombosis or pregnancy morbidity may be seen in clinic. We presented a man who diagnosed SLE and Antiphospholipid syndrome when investigated because of deep venous thrombosis.

**Key words:** systemic lupus erythematosus, antiphospholipid syndrome, deep venous thrombosis.

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## АНТИФОСФОЛИПИДТІ СИНДРОМ МЕН ЖҮЙЕЛІ ҚЫЗЫЛ ЖЕГІ КЕЗІНДЕГІ ТЕРЕҢ КӨКТАМЫРЛАРДЫҢ ТРОМБОЗЫ КЕЗДЕСКЕН КЛИНИКАЛЫҚ ЖАҒДАЙ

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Жүйелі қызыл жегі (ЖКЖ) созылмалы ауру болап табылады. Әдетте клиникалық тәжірибеде жүйелі қызыл жегі мен антифосфолипидті синдром жүктілік кезіндегі патологияда кездеседі. Біз антифосфолипидті синдромы бар жүйелі қызыл жегімен ауыратын ер адамның клиникалық жағдайын ұсынып отырмын. Тексерілу кезінде терең көктамырларының тромбозы анықталған.

**Маңызды сөздер:** жүйелі қызыл жегі, антифосфолипидті синдром, терең көктамырлардың тромбозы.

## СЛУЧАЙ СИСТЕМНОЙ КРАСНОЙ ВОЛЧАНКИ С АНТИФОСФОЛИПИДНЫМ СИНДРОМОМ В СОЧЕТАНИИ С ТРОМБОЗОМ ГЛУБОКИХ ВЕН

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Системная красная волчанка (СКВ) является хроническим заболеванием. В клинической практике антифосфолипидный синдром и рецидивирующий тромбоз обычно встречаются при патологии беременных. Мы представили клинический случай у мужчины, у которого был выставлен диагноз СКВ с антифосфолипидным синдромом. При обследований выявлен тромбоз глубоких вен.

**Ключевые слова:** системная красная волчанка, антифосфолипидный синдром, тромбоз глубоких вен.

## INTRODUCTION

Systemic lupus erythematosus (SLE) is a chronic disease. It is most commonly seen in women of childbearing age. Therefore, hormonal factors are thought to play a role in the pathogenesis. Male and female ratio is about 4.3 to 11.7 according to different studies [1]. Antiphospholipid syndrome (AFS) is seen in

one of three SLE patients. Antiphospholipid antibodies are detected in laboratory; and recurrent thrombosis or pregnancy morbidity may be seen in clinic [1]. We presented a 36 year old man who diagnosed SLE and AFS when investigated because of deep venous thrombosis (DVT).

## CASE

A 36 year old man admitted with complaints of fatigue and arthralgia. Malar rash, photosensitivity and arthritis were not present. He has had DVT 5 months ago and he has been using anticoagulant treatment. In physical examination there is no pathological sign. His arterial tension was 110/60 mmHg. In laboratory, sedimentation was 29 mm / h, C-reactive protein 10 mg / L, WBC 3.9 x 10<sup>3</sup>, Hgb 13.5 g / dL, PLT 240 x10<sup>3</sup>, Crea 0.8 mg / dL, ALT 19 U/L, C3 0.5 (0.7-1.52), C4 0.07 g / L and TSH 3 µl/ml. Urine analysis was normal. In antibody profile: ANA was stained as homogen(+++) and granular (+) pattern. Anti-dsDNA, anti-SSA, anti-SSB, Ro52 and PM-

Scl were positive. INR was 1.8 and aPTT was 38.1 second. Lipid panel and 24-hour urine protein were within normal limits. Finally anticardiolipin (AKA) and antiphospholipid (AFA) antibodies were positive so diagnosis of SLE and AFS were performed. As a treatment: hydroxychloroquine 200 mg 2x1, azathioprine 50 mg 3x1, acetylsalicylic acid, warfarin and steroids were started. After a period hydroxychloroquine was decreased to 200 mg 1x1 and steroid was discontinued. He has been followed for 3 years successfully and he has got no complaint now. In this follow up period his brother was diagnosed SLE and treated.

## DISCUSSION

AFS is called primer AFS when found isolated disease and seconder AFS when found with SLE, Sjogren's syndrome or another rheumatic diseases. Some clinical findings may be associated with AFS such as thrombocytopenia, hemolytic anemia, heart valve disease, livedo reticularis and neurological abnormalities [1]. In addition, venous and arterial thrombosis are also observed in AFS; most commonly DVT and pulmonary embolism are determined. AFAs are responsible in the pathogenesis of AFS but secondary factors are also required for the development.

These factors include smoking, immobilization, pregnancy, oral contraceptive use, malignancies, hypertension, and hyperlipidemia. Male gender and presented with DVT are remarkable points of our SLE patient [2]. It is keep in mind that SLE, which is seen mostly in females, may show atypical presentation signs. In conclusion while investigating the etiology of DVT, AFS should be ruled out, even if clinical findings were not present.

There is no conflicts of interests

## REFERENCES

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