Antiphospholipid Syndrome Manifested by Gastrointestinal Bleeding: Can We Overlook Endoscopically Revealed Small Lesions?

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Dear Sir,

A 19-year-old woman was admitted to our hospital with abdominal pain and melena. She had a medical history of habitual abortion. Physical examination of the patient revealed mild reduction of bowel sounds and abdominal pain in the left abdomen. Hematological and biochemical tests were within normal limits. Examinations that included abdominal X-ray, abdominal computed tomography, and radiological enteroclysis failed to reveal the cause of the bleeding. Colonoscopy revealed mucosal redness and edema in the sigmoid colon (fig. 1), and the biopsy findings were compatible with a diagnosis of ischemic colitis. These led to the detection of a highly elevated IgG-anticardiolipin antibody titer of 97 (U/ml). We made a diagnosis of antiphospholipid syndrome (APS) with ischemic colitis, and aspirin therapy was started (100 mg/day).

APS is characterized by a clinical syndrome associated with arterial and venous thrombosis, or recurrent fetal losses or thrombocytopenia in the presence of circulating antiphospholipid antibodies, namely lupus anticoagulant and anticar-

diolipin antibodies [1, 2]. In classic APS, thrombus formation is mainly seen in large vessels, and it is common for a single thrombosis to occur at one stage and for another one to occur after an interval [2]. In catastrophic APS, recurring thrombus formation occurs within a short period of time, the condition is characterized by multiple organ failure (e.g. intestinal ischemia, infarctions and involvement of intra-abdominal organs, and symptoms denoting the involvement of the central nervous system), obstruction of two or more vessels, especially small vessels compared with the standard APS, and a high mortality rate [2].

The APS presenting with intestinal involvement has been rarely reported [3]. However, it has become obvious that there is a high frequency of intestinal involvement in catastrophic APS, which is not seen with classic APS [3]. Among classic APS associated with intestinal involvement, the prevalence of clinical manifestations present in patients included gastrointestinal hemorrhage in 14%, and in 4% the histopathologic finding was ischemic

Fig. 1. Colonoscopy findings of mucosal reddening and edema in sigmoid colon.

colitis [3]. Our patient was initially admitted because of melena, secondary to classic APS. We should suspect intestinal involvement secondary to APS even if endoscopy reveals a small lesion.

References

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