ISSN: 2634 - 680X

Journal of Clinical Case Studies Reviews & Reports

SCIENTIFIC Research and Community

Conference Proceedings

Open Access

Venous Thrombosis in Atypical Site in Coexisting APS and SLE: A Case Report

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Received: November 02, 2025; **Accepted:** November 10, 2025; **Published:** November 20, 2025

Background: Systemic lupus erythematosus (SLE) and antiphospholipid syndrome (APS) are different clinical conditions, but they can coexist and lead to an increased thrombosis risk.

Case History: A 34-year-old Moroccan female presented to the Emergency Department complaining of abdominal pain for two weeks, worsened in the last 48 hours. Her past medical history included recurrent oral aphthosis and pleuro-pericarditis, uterine fibroid and post-hemorrhagic anemia.

On examination the abdomen was soft but tender on deep palpation, especially in the epi-mesogastrium; she also presented painful metacarpophalangeal joints on pressure, livedo racemosa and hair loss.

Admission Blood Tests Showed: severe anemia, requiring red cells transfusions; thrombocytopenia; elevated ESR and CRP levels; positive ANA, high titer, homogeneous pattern; positive anti-dsDNA; consumption of complement components C3 and C4; prolonged PTT; positive IgG anticardiolipin antibodies and anti-beta-2 glycoprotein I antibodies; positive lupus anticoagulant.

CT and subsequent MRI showed portal vein thrombosis and superior mesenteric vein thrombosis.

Prescribed Treatment: LMWH bridging with warfarin, prednisone, hydroxychloroquine, methothrexate, folate.

Discussion: APS is a thrombophilic condition that can occur in isolation or secondary to connective tissue diseases, including SLE; it is characterized by clinical polymorphism, dependent on the topography of the affected vascular district, sometimes atypical, as in the case reported.

Citation: Toriello Giuseppe, Cammarota Anna, Melara Giuseppe, Polimeno Mariateresa, Aliberti Ludovica, Iuliano Francesco, et al. (2025) Venous Thrombosis in Atypical Site in Coexisting APS and SLE: A Case Report. Journal of Clinical Case Studies Reviews & Reports. SRC/JCCSR-E203. DOI: doi.org/10.47363/JCCSR/S2/2025(7)440