INTRODUCTION

- Antiphospholipid syndrome (APS) is a multisystem autoimmune disorder characterized by arterial, venous, or small vessel thromboembolic events or severe consequences during pregnancy in the presence of persistent antiphospholipid antibodies (aPL).
- aPLs are a heterogeneous group of autoantibodies that are directed against phospholipid-binding proteins.
- Stroke and transient ischemic attack are the most common neurologic manifestations of APS due to vascular thrombosis and direct injury to neuronal tissue by aPL.
- APS has a higher prevalence in women as it affects them almost five times more commonly than men. Mostly presenting symptoms are related to ischemia or infarction of the affected area.
- We report an uncommon presentation of primary APS with epilepsy, psychosis, and encephalopathy in a male patient.
- However, neurological manifestations like seizures and encephalopathy cannot be explained only by thromboembolic events.

CASE PRESENTATION

- A 48-year-old male without a significant past medical history presented with focal motor onset, impaired awareness seizures, and encephalopathy. He has two similar presentations in the past, but blood workup and imaging studies were negative.
- On physical examination, he was confused without sensory or motor weakness deficits. His blood work did not reveal any abnormalities except for a high aPTT (91.1).
- Additional workup was positive for lupus anticoagulant, anti-beta-2 glycoprotein-I antibody IgG/IgM, anticardiolipin (aCL) IgG and negative for ANA, aCL IgM, abnormal activity of protein C and S, Factor V Leiden, anti-thrombin III.
- MRI brain showed acute ischemic stroke with scattered left frontal infarcts. Echocardiogram with bubble study did not show any abnormalities, and 24-hour video EEG was normal.
- The patient was started on a high-intensity statin for stroke, and warfarin was bridged with heparin for APS.
- Levetiracetam was started to prevent further seizures.
- A 12-week repeat APS blood panel was positive for the antibodies mentioned above hence establishing a primary APS diagnosis based on Sapporo criteria.

DISCUSSION

- Seizures and encephalopathy are uncommon presenting symptoms of primary APS, making the diagnosis particularly difficult for clinicians.
- Seizures have been more commonly linked with secondary APS than primary.
- Thrombotic events cannot solely explain many neurological abnormalities, and there could be a direct pathogenic effect of antiphospholipid bodies leading to these manifestations.
- It can be hypothesized that seizures are triggered due to ischemia of neocortical areas, triggering epileptic foci.
- The encephalitis like picture on the presentation can delay timely diagnosis and interventions that can save the patient from a grave prognosis as APS can lead to multiple arterial and venous embolisms.

REFERENCES


ACKNOWLEDGEMENTS

I thank my co-authors and faculty.