

Distinctive arterial collaterals caused by aortic occlusion in a patient with antiphospholipid syndrome

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A 41-year-old Japanese female smoker (20-pack-year) presented with a history of thrombocytopenia, aortic occlusion, and chronic kidney disease due to antiphospholipid syndrome (APS). She was diagnosed with APS on the basis of thrombosis and persistently tested positive for lupus anticoagulant diluted Russell's viper venom time test (initial-visit:follow-up after 3 months, 2.1:1.6), high-titer anticardiolipin antibody ($\geq 120:104$ U/mL), and high-titer anti-beta2-glycoprotein-I antibody ($\geq 125:83.3$ U/mL). She was treated with low-dose aspirin, warfarin, prednisolone 5 mg/day, and hydroxychloroquine 300 mg/day.

She also reported intermittent claudication lasting several months, and her ankle brachial index (ABI) was 0.56/0.67 (right/left). Whole trunk contrast-enhanced computed tomography revealed a complete occlusion of the infrarenal aorta with thrombosis (length = 50 mm) (Fig. 1A). Numerous vascular collaterals had developed, especially from the subclavian arteries to the femoral arteries on both sides (Fig. 1B and 1C). The patient remained on low-dose aspirin and warfarin, as the circulation in the lower legs was apparently maintained by these collateral arteries. Under close observation, the intermittent claudication gradually

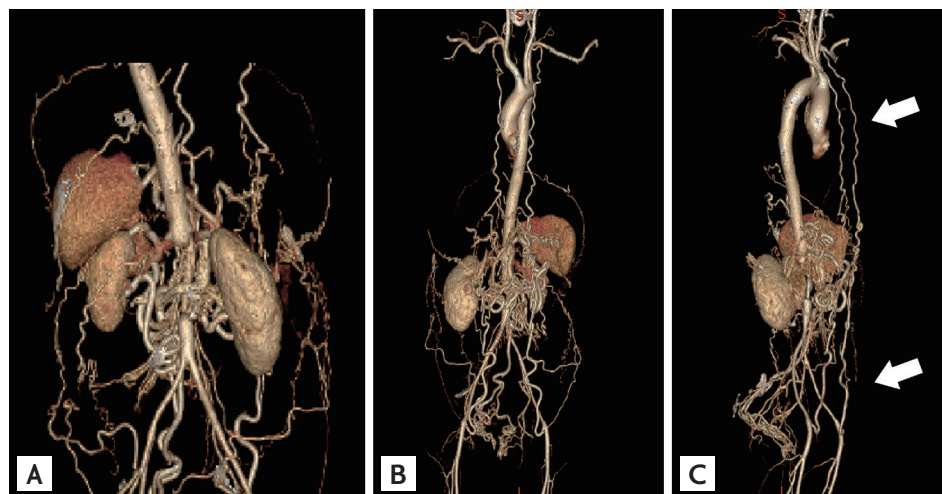


Figure 1. Three-dimensional contrast-enhanced computed tomography of the whole trunk. (A) Complete occlusion of the infrarenal aorta. (B, C) Numerous vascular collaterals and collateral arteries from the subclavian arteries to the femoral arteries on both sides (arrows).

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subsided and the ABI of the right leg improved to 0.69 upon repeated testing.

Arterial thrombosis is a common symptom among patients with APS; the thrombosis can occur at various sites such as the cerebral, renal, mesenteric, and lower limb arteries. Although emergency treatment is required in the case of acute thrombosis in these regions, it is possible that the blood flow is maintained through collateral artery development in cases of chronic throm-

bosis. In such cases, the thrombosis can be managed with conservative treatment.

The patient gave written informed consent to publish the material.

Conflict of interest

No potential conflict of interest relevant to this article was reported.