

Antiphospholipid syndrome

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The antiphospholipid syndrome is defined by the occurrence of venous and arterial thromboses, often multiple, and recurrent fetal losses, frequently accompanied by a moderate thrombocytopenia, in the presence of antiphospholipid antibodies. The incidence of antiphospholipid syndrome is 5 new cases per 100,000 persons per year.

We report a case of 23 years old male patient without any health issues before. Patient was hospitalized because of a strong headache with development of weakness of right extremities. Severe right temporale headache happened while playing table tennis, which was followed by numbness of a right leg and arm, and fall. He was urgently hospitalized. MRI and MRA of the brain lesion showed subacute flow in the area of the left basal ganglia, ipsilateral insula and frontal operculum region. Morphological changes found in the left ICA, MCA and ACA were telling in favour of vasculitis and subsequent ischemic stroke. Laboratory findings and cerebrospinal fluid analysis showed no pathology. Protein profile of cerebrospinal fluid and blood barrier function were preformed and showed no pathology. Immunological tests were positive on anti-cardiolipid IgG antibody.

The pathogenesis of the antiphospholipid syndrome is related to both prothrombotic and immunologic effects of the antiphospholipid antibodies, therefore we emphasize importance of immunological tests on the antiphospholipid antibodies in any case of young adults' stroke, unexplained dementia, and acquired chorea.

Keywords: antiphospholipid antibodies, stroke, thrombosis, autoimmune disorder

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Rare etiology of postural orthostatic tachycardia syndrome

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Postural orthostatic tachycardia syndrome (POTS) implicates a heterogeneous group of disorders clinically manifested by similar symptoms. POTS symptoms include tachycardia, palpitations, fatigue, headache, nausea, syncope, exercise intolerance, diminished concentration and tremor. Diagnostic criteria for POTS are a heart rate increase of ≥ 30 beats/minute (bpm) during 10 minutes upon standing up from a supine position without excessive decrease in blood pressure.

We present a patient who, during the last 4 years, had frequent attacks of syncope, headaches, nausea and vertigo, without convulsive symptoms. A comprehensive diagnostic assessment (brain and cervical MRI, EEG and transcranial Doppler) was performed but showed no pathological findings. Cerebrospinal fluid (CSF) analysis showed a normal cell and protein count, with blood-brain barrier dysfunction and positive oligoclonal IgG bands. The patient's difficulties were understood as epileptic seizures and treated with antiepileptics. The symptomatology worsened and the patient was referred to tilt table testing, which revealed POTS with reaching 180 bpm. With additional diagnostic assessment (quantitative sudomotor axon reflex test, quantitative sensory testing and adrenaline and noradrenaline plasma values) a diagnosis of a neuropathic variant of POTS was made and fludrocortisone therapy was initiated. As the disease progressed, several partial complex epileptic seizures were observed and anticonvulsive therapy was modified. Due to poor therapy response, an extended assessment was performed which revealed an increased anti-voltage-gated potassium channel antibodies (anti-VGKC) titer and immunosuppressive treatment began.

Although most cases of POTS are idiopathic, autoimmune cases of POTS connected with anti-ganglionic acetylcholine antibodies were described. In the reported case, POTS was connected with anti-VGKC antibodies which is, according to the literature published so far, the first case of this kind. In conclusion, this case emphasizes the fact that, while treating POTS patients who exhibit a poor response to therapy, it is necessary to keep in mind the autoimmune variants of this syndrome.

Keywords: postural orthostatic tachycardia syndrome, tilt table test, anti-VGKC antibodies

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