

# **STROKE IN A YOUNG PERSON: SLE AND FAS ASSOCIATED WITH MULTIPLE EVENTS, A CASE REPORT**

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## **OBJETIVE**

Discussion about causes of stroke in young patients with thrombophilia and autoimmune disease Method: Bibliographic review of the literature about Stroke in young people with predisposition to thrombotic events

## **CASE REPORT**

Patient 25 years old, with a history of diagnosed idiopathic dilated cardiomyopathy and a stroke in July 2021, was admitted to the service with a decreased level of consciousness, mental confusion and right heparesis, preceded by headache with onset of the previous three days. Cranial CT showed acute cerebellar hypodensity on the right, with chronic hypodensity in the midbrain and right parietal lobe. In other exams, normocytic normochromic anemia, lymphopenia, hypoalbuminemia, proteinuria and microscopic hematuria were evidenced. During complementary investigation, right vertebral dissection was evidenced in AngioMR. Taking into account the set of findings, an evaluation of Rheumatology was requested. Rheumatologic screening was positive for Lupus with associated Antiphospholipid Antibody Syndrome (FAN 1:1280; Anti-SM: positive; anticardiolipin IgM and IgG: positive, lupus anticoagulant positive). The patient evolved with pre-renal failure, due to probable class 3/4 lupus nephritis, acute respiratory failure of cardiogenic origin, with bilateral transudative pleural effusion.

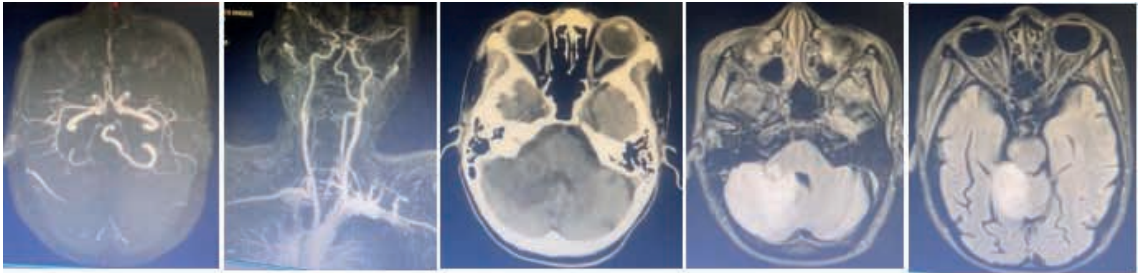
## **DISCUSS**

About 10% of stroke cases occur in people under 45 years, with acquired thrombophilia and autoimmune diseases being the main precipitating factors. SLE is an important cause, as it is a chronic systemic inflammatory disease. About 36% of SLE cases are associated with Antiphospholipid Antibody

Syndrome (APS), responsible for more than 20% of strokes in young people and the most frequent cause of acquired thrombophilia. The mechanism of injury is mainly due to alterations in coagulation, generating a prothrombotic state of hypercoagulability, predisposing to multiple events.

## FINAL COMMENTS

In the case reported, the patient had SLE and APS associated with a high level of disease activity, even in the presence of adequate treatment. A fact that predisposed the patient to present several thrombotic events, with evidence of three strokes and bilateral deep vein thrombosis of the lower limbs, even in the presence of full anticoagulation.



Evidencing that in these patients the main decisive factor is the autoimmune disorder. Stroke secondary a Right vertebral dissection was evidenced in AngioMR.