Pulmonary Infarctions Due to Bilateral Pulmonary Arterial Thrombosis in a Lupus Patient with Antiphospholipid Syndrome

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A 33-year-old woman with systemic lupus erythematosus (SLE) had serial high titers of IgG isotype anticardiolipin and anti-ß$_2$-glycoprotein I antibodies. She had low-grade fever for 1 week and presented to the Emergency Department with acute left chest pain. Initial chest radiograph showed a patchy infiltration over the peripheral left lower lung field, and empiric antibiotics were administered under suspicion of pneumonia. However, a new patch soon developed over the right lower peripheral lung field, with accompanying right chest pain. She was transferred to the intensive care unit, where contrast medium-enhanced chest computed tomography (CT) disclosed filling defects within bilateral inferior pulmonary arteries (Figure 1A, 1B, arrows) and wedge-shaped consolidations over bilateral lower lung lobes in lung windows (Figure 2), and bilateral pulmonary thromboembolism and infarction was diagnosed. She received intravenous unfractionated heparin, and the treatment was subsequently replaced with subcutaneous low molecular-weight heparin after discharge due to the hemorrhage complications of oral warfarin at the outpatient Rheumatology Clinic. Followup chest radiography showed complete resolution of the 2 infarction lesions.

The occurrence of thrombotic obstruction at the levels of major pulmonary arteries has been rarely reported[1,2]. We describe an unusual manifestation of bilateral pulmonary arterial thrombosis leading to pulmonary infarction in a lupus patient with antiphospholipid syndrome. For patients with SLE with antiphospholipid antibodies who complain of chest pain, enhanced chest CT can help identify a possible pulmonary thromboembolism. In such a life-threatening situation anticoagulation therapy should be started immediately[3].

REFERENCES

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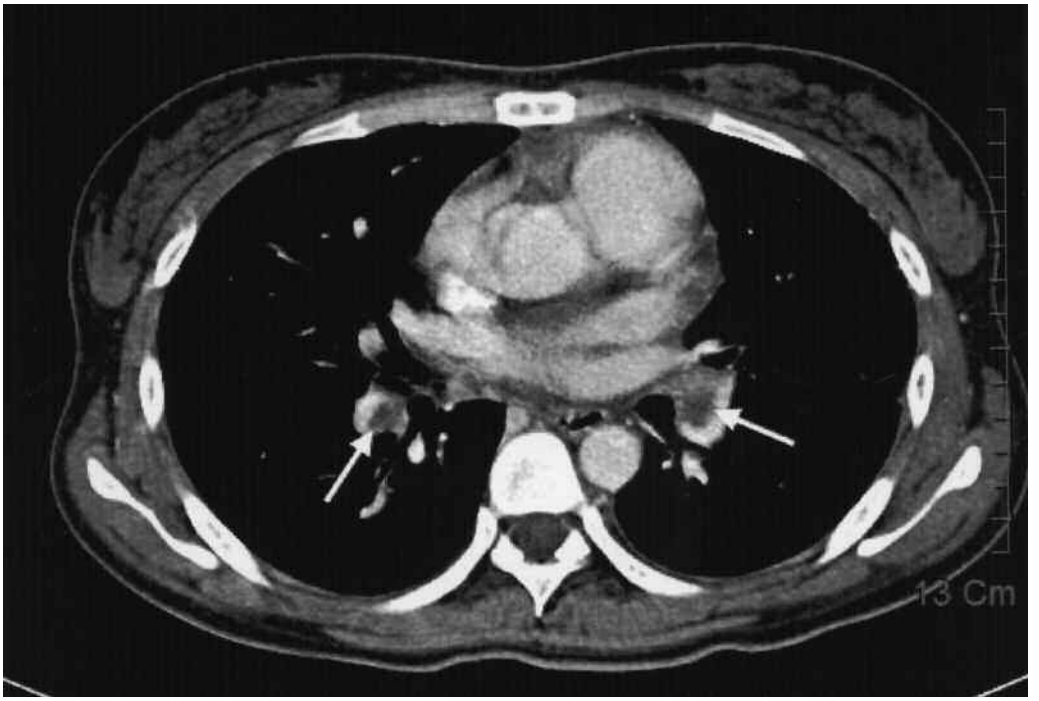

Figure 1a. Contrast medium-enhanced chest computed tomography disclosed filling defects within bilateral inferior pulmonary arteries (arrows).

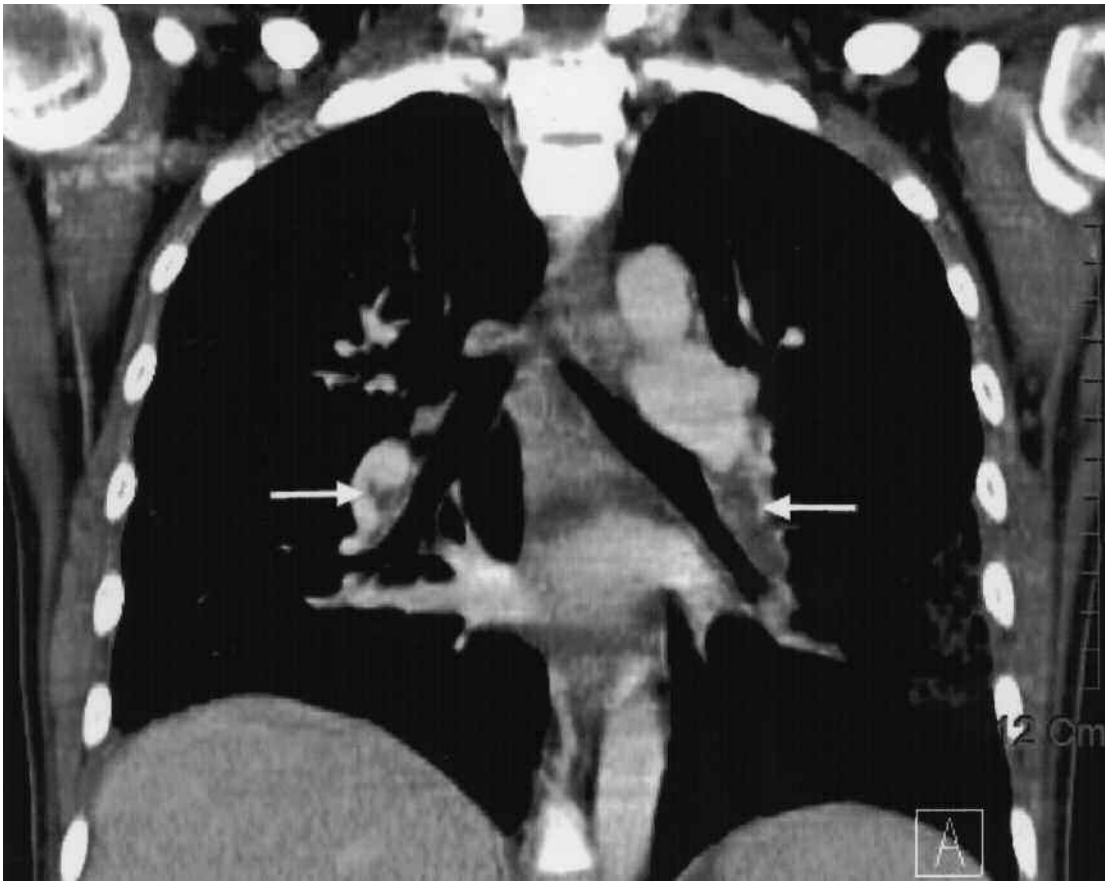

Figure 1b.

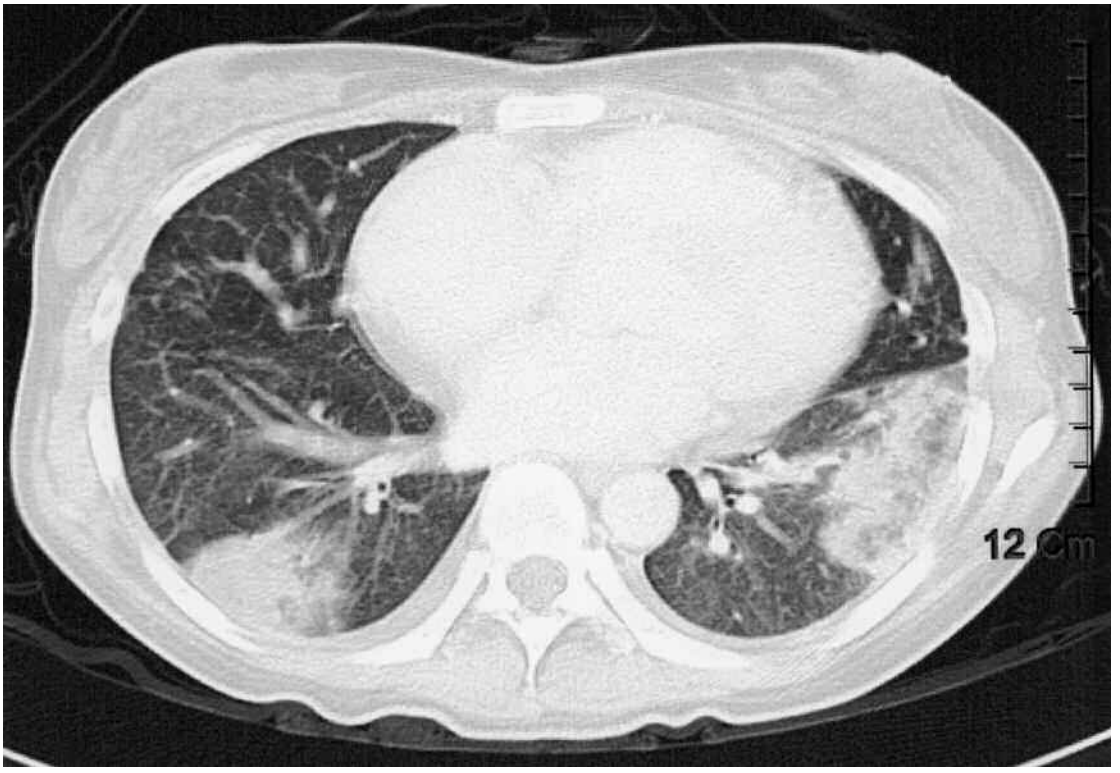

Figure 2. CT revealed wedge-shaped consolidations over bilateral lower lung lobes.