

**A Case of Antiphospholipid Syndrome Associated
with Autoimmune Thrombocytopenic Purpura**

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= Abstract =

Thrombocytopenic patients without detectable bound antiplatelet antibody should be diagnosed with idiopathic thrombocytopenic purpura(ITP) if no other cause of their decreased platelet count could be found. More recently the term “autoimmune thrombocytopenic purpura(ATP) has supplanted ITP since the disease is related to the production of autoantibodies against one’s own platelets. This entity should not be confused with isoimmune thrombocytopenic purpura(also called alloimmune thrombocytopenic purpura). In this cases maternal antiplatelet antibodies directed against the PLA 1 antigen on the fetal platelets causes severe fetal and neonatal thrombocytopenia in a situation analogous to Rhesus disease. Antibodies to the negatively charged phospholipids, lupus anticoagulant, and anticardiolipin have been linked to adverse pregnancy events. Pregnant women possessing these antibodies have an increased risk of spontaneous abortion, stillbirths, intrauterine fetal growth

retardation, preterm birth, and arterial and venous thrombosis. Antiphospholipid antibodies decrease or may even disappear between pregnancies only to recur with increased activity in a subsequent pregnancy and lead to loss. We have experienced a case of antiphospholipid syndrome associated with autoimmune thrombocytopenic purpura in patient with recurrent spontaneous abortion. So we report this case with a brief review of literatures.

Key Words : Autoimmune thrombocytopenic purpura, Antiphospholipid syndrome, Recurrent spontaneous abortion

가 .

가 .

가 .

가 (anticardiolipin antibody) 15%가 (lupus anticoagulant) 2% 가 가 .

가 가 가 .

가 (autoimmune thrombocytopenic purpura) (humoral immunity)

가 G 가 .

가 가 (chemotaxis)

가

29

2

12

가

36.5°C, 80 / 158cm, 56kg, 120 / 80 mmHg,

가

3.5cm 가

가

estradiol : 32.5 pg/mL, FSH : 7.1 mIU/mL, LH : 4.4 mIU/mL, prolactin : 26.6 ng/mL, TSH : 3.48 μU/mL,

G : , M : ,

: 81 mg/dl, PT : 10.1 sec, PTT : 25.7 sec,

: , : , : , 3 : 100.2 mg/dl, 4 : 25.3 mg/dl, : ,

: , G : , : ,

G : , : ,

: , :

: 12.1 g/dl, : 6.3

× 10³ / μl, : 25 × 10³ / μl

가

가

가 $52 \times 10^3 / \mu\text{l}$
가

가

(viral exanthem)

90%

(idiopathic thrombocytopenic

60%가 4 - 6 ,

purpura : ITP)

90% 3 - 6

20 -

40

가

3 : 1

가

G

가

G 가

가

G 가

가

가

가

(lymphadenopathy),

, cytomegalovirus, Epstein - Barr virus,

toxoplasma,

가

가 20,000/μl

glucocorticoid

(plasmapheresis)
(phagocytosis)
가

glucocorticoid
(opportunistic infection) 가

AZT

가 가 가
glucocorticoid

4 - 6
가
가

prednisone 60mg
50% 가

prednisone

70%

1 가

vincristine,
danazol

vinblastine

azathioprine, cyclophosphamide,

가

가

가

20 - 30

가

가

20,000/μl

가
가

(endothelial cell)
가

prostacyclin 1-3
가 thromboxane A2 prostacyclin 4,5
가 가 prostacyclin 6,7
가 C
가 Thrombomodulin, S, C, Va
VIIIa 가
가 thrombomodulin C
(activated protein C : APC) 8,9
가
aspirin 가
가 가
가 aspirin
가
가 10
가
(spiral artery)
(placental infarction)
11,12 가
가
가

- T. Prolonged bleeding time in patients with lupus anticoagulant. *Thromb Haemost* 1992 ; 68 : 495 –9.
6. Hasselaar P, Derksen RHM, Blokzijl L, De Groot PG. Thrombosis associated with antiphospholipid antibodies cannot be explained by effects on endothelial cell and platelet prostanoid synthesis. *Thromb Haemost* 1988 ; 59 : 80 –5.
 7. Cariou R, Tobelem G, Bellucci S, Soria J, Soria C, Maclouf J, et al. Effect of lupus anticoagulant on antithrombogenic properties of endothelial cells --- inhibition of thrombomodulin – dependent protein C activation. *Thromb Haemost* 1988 ; 60 : 54 –8.
 8. Freyssinet JM, Wiesel ML, Gauchy J, Boneu B, Cazenave JP. An IgM lupus anticoagulant that neutralizes the enhancing effect of phospholipid on purified endothelial thrombomodulin activity. A mechanism for thrombosis. *Thromb Haemost* 1986 ; 55 : 309 –13.
 9. Toyoshima K, Makino T, Ozawa N, Umeuchi M, Nozawa S. Effect of anticardiolipin antibody in patients with recurrent fetal loss on thrombomodulin – dependent protein C activation. *J Clin Lab Anal* 1993 ; 7 : 57 –9.
 10. Alarcon – Segovia D, Sanchez – Guerrero J. Correction of thrombocytopenia with small dose aspirin in the primary antiphospholipid syndrome. *J Rheumatol* 1989 ; 16 : 1359 – 61.
 11. De Wolf F, Carreras LO, Moerman P, Vermylen J, Van Assche A, Renar M. Decidual vasculopathy and extensive placental infarction in a patient with repeated thromboembolic accidents, recurrent fetal loss and a lupus anticoagulant. *Am J Obstet Gynecol* 1982 ; 142 : 829 –34.
 12. Out HJ, Kooijman CD, Bruinse HW, Derksen RHWM. Histopathological findings in placentae from patients with intrauterine fetal death and antiphospholipid antibodies. *Eur J Obstet Gynecol Reprod Biol* 1991 ; 41 : 179 –86.
 13. Lynch A, Marlar M, Murphy J, Davila G, Santos M, Rutledge J, et al. Antiphospholipid antibodies in predicting adverse pregnancy outcome. A prospective study. *Am Intern*

- Med 1994 ; 120 : 470 –5.
14. Infante – Rivard C, David M, Gauthier R, Rivard GE. Lupus anticoagulants, anticardiolipin antibodies, and fetal loss. A case –control study. N Engl J Med 1991 ; 325 : 1063 –6.
 15. Petri M, Allbritton J. Fetal outcome of lupus pregnancy : A retrospective case –control study of the Hopkins lupus cohort. J Rheumatol 1993 ; 20 : 650 –6.
 16. Harris EN, Spinnato JA. Should anticardiolipin test be performed in otherwise healthy women? Am J Obstet Gynecol 1991 ; 165 : 1272 –7.