

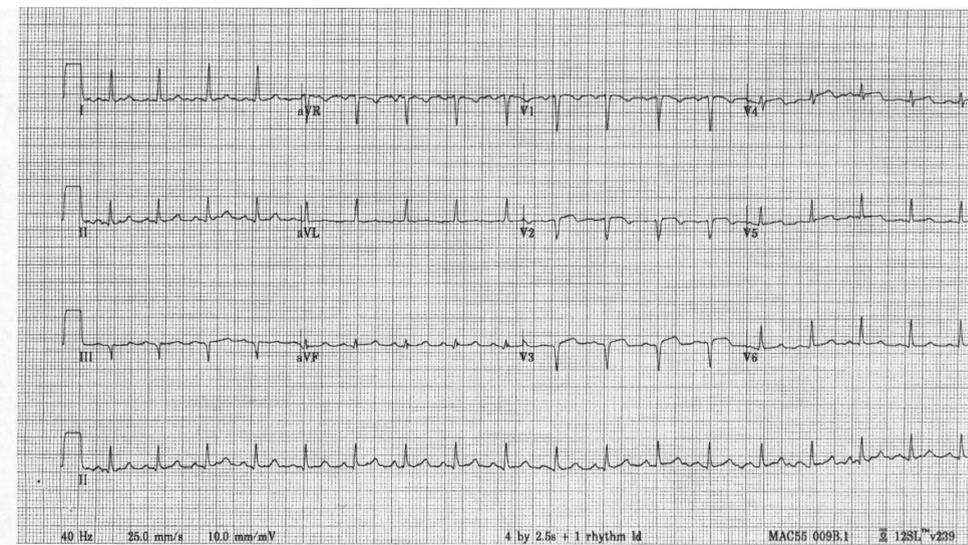
## Introduction

- Systemic Lupus Erythematosus (SLE) is known as the great imitator due to it's ability to affect any organ system
- A major cause of mortality in these patients is acute myocardial infarction<sup>1</sup>
- Antiphospholipid syndrome is an autoimmune prothrombotic condition that presents with thrombotic events and pregnancy morbidity in concert with elevated levels of antiphospholipid antibodies<sup>2</sup>

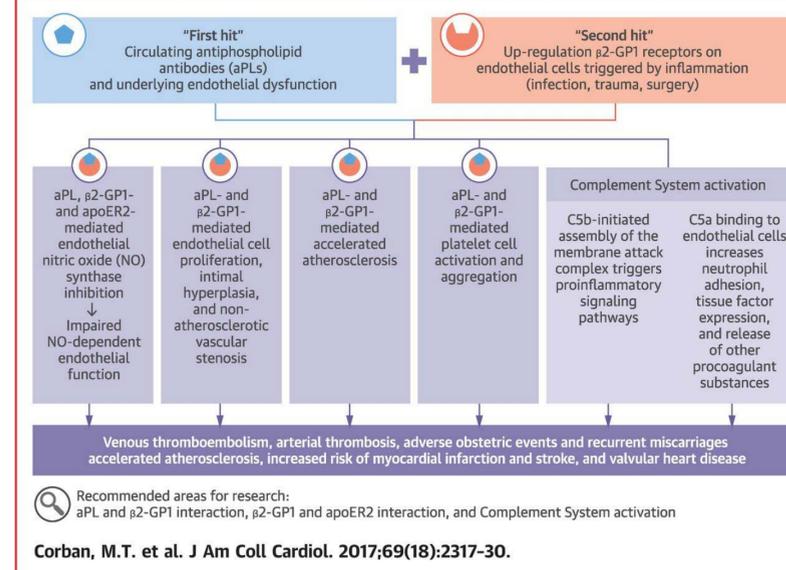
## Case

- A 37 y/o Female with history of HTN, ischemic cardiomyopathy (EF=40-45%), SLE, and antiphospholipid antibody syndrome presented to the ED with complaints of pleuritic chest pain lasting 2 days that radiated down her left arm.
- Her initial labs were drawn- BMP and CBC were within normal limits, HbA1c 5.3, LDL 72. Troponin was 0.25 ng/mL. Initial EKG had concern for STEMI in septal and anterior leads V2-V4.
- Echo showed depressed ejection fraction of 40% with wall motion abnormality in distribution of left anterior descending (LAD)artery. PCI with drug-eluting stent placement was done. Cath demonstrated lesion that was 99% occluded at the mid-LAD artery.
- Patient discharged home on Ticagrelor and Aspirin

## Figures



### CENTRAL ILLUSTRATION: Antiphospholipid Syndrome Pathogenesis



## Discussion

- The risk of cardiovascular disease in SLE is six times that of patients without SLE in the first year after diagnosis<sup>3</sup>
- These patients have twice the atherosclerosis burden compared with diabetics<sup>4</sup>
- Antiphospholipid Syndrome is a systemic autoimmune disease
- Antiphospholipid antibodies have an ability to induce endothelial activation<sup>2</sup> which can lead to development of accelerated atherosclerosis<sup>5</sup>
- This case highlighted an unusual presentation of a young female with a myocardial infarction secondary to her antiphospholipid syndrome, resulting in plaque rupture in her mid-left anterior descending (LAD) artery

## References

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