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(Article begins on next page)

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Chronic Budd-Chiari syndrome, abdominal varices, and caput medusae in 2 patients with antiphospholipid syndrome.

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In 2 male patients (19- and 30 years old) affected by Systemic Lupus Erythematous (SLE), thrombosis of the inferior cava and suprahepatic veins occurred. Serological findings revealed persistently positive high titers of antiphospholipid antibodies (lupus anticoagulant, anticardiolipin antibodies) in both of them, supporting the diagnosis of antiphospholipid syndrome. Computed tomography confirmed thrombosis and revealed a suprahepatic inferior vena caval web. Physical examination showed tortuous veins on their abdominal walls (Figure A and B), also above the umbilicus, the so called caput medusae. Doppler ultrasonography confirmed subcutaneous collateral veins of the anterior abdominal walls neat the umbilicus that had originated from the dilated paraumbelical veins. Both the patients had diagnoses of SLE for several years and thrombosis. Patients 1 had persistent proteinuria, thrombocytopenia, positive antinuclear antibodies and antiDNA antibodies. In patients 2, the SLE diagnosis was done on the basis of malar rash, arthritis, seizures, positive antinuclear antibodies and antiDNA antibodies. No apparent other risk factor for thrombosis (immobility, trauma, neoplasm, inherited thrombophilia) were found. Both were treated with low molecular weight heparin then shifted to anticoagulant therapy with benefit and they are still alive.

Fig. 1