(CS-006) Antiphospholipid Syndrome Skin Ulcerations Improved With Change Of Anticoagulation Treatment Misael C. Alonso, MD, FACP, CWSP – MCA Medical, PLLC + Abrazo West Campus Wound Care Clinic

© PATIENT INFO

The patient is a 45 year old male with a significant past medical history of antiphospholipid syndrome (with an associated history of bilateral pulmonary emboli plus deep vein thrombosis), hypertension, diabetes mellitus type 2 and heart failure with preserved ejection fraction (Grade I) who presented to the Abrazo West wound care clinic on 10-14-2021 with complaints of ulcerations of the left lower extremity and buttock with eschar. The patient was compliant with his direct oral anticoagulant (Apixaban).

The patient's lesions continued increase in size and were extremely painful to touch. The patient was treated with the following without any improvement:

- Santyl (Collagenase)
- Endoform
- Hydrofera Blue Ready

The decision was made to biopsy:

Surgical Pathology Report

Collected: 11/09/2021

DIAGNOSIS:

A. Skin, left leg, biopsy:

- Vascular proliferation with acute and chronic inflammation and necrosis.
- Perivascular fibrin and focal fibrin thrombi; favor vasoocclusive vasculopathy (SEE COMMENT).
- No evidence of malignancy.

B. Skin, left lower back, biopsy:

- Vascular proliferation with acute and chronic inflammation and necrosis.
- Perivascular fibrin and focal fibrin thrombi; favor vasoocclusive vasculopathy (SEE COMMENT).
- No evidence of malignancy.

COMMENT: Perivascular fibrin could be seen in an ulcer, near an ulcer or in a vasculitis. However, in this case, the presence of fibrin thrombi raises the possibility of vasoocclusive vasculopathy. The differential diagnosis is antiphospholipid syndrome (likely), DIC, TTP, PNH, Levamisole-induced vasculopathy as well as others. This case is reviewed by board-certified dermatopathologist, who concurs.

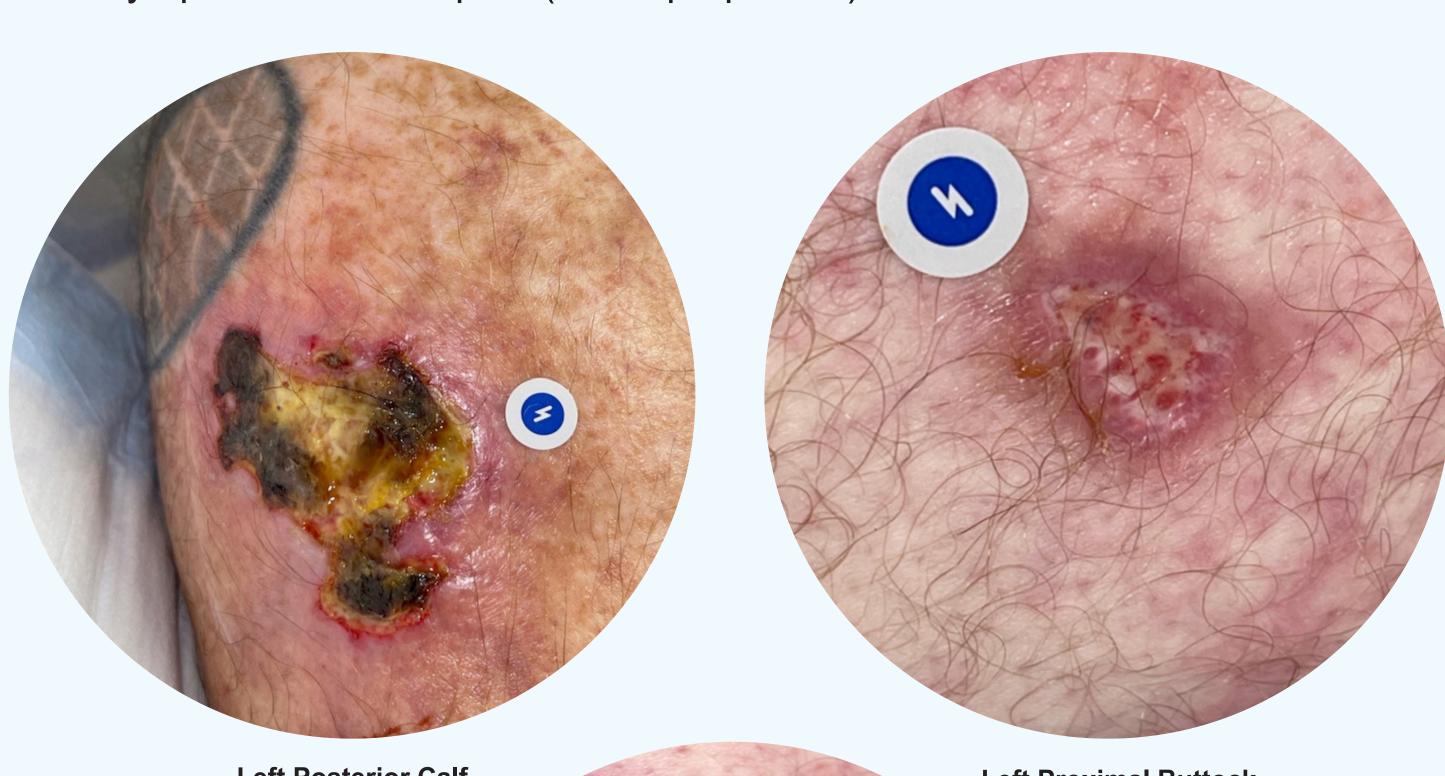
Medical Decision Making

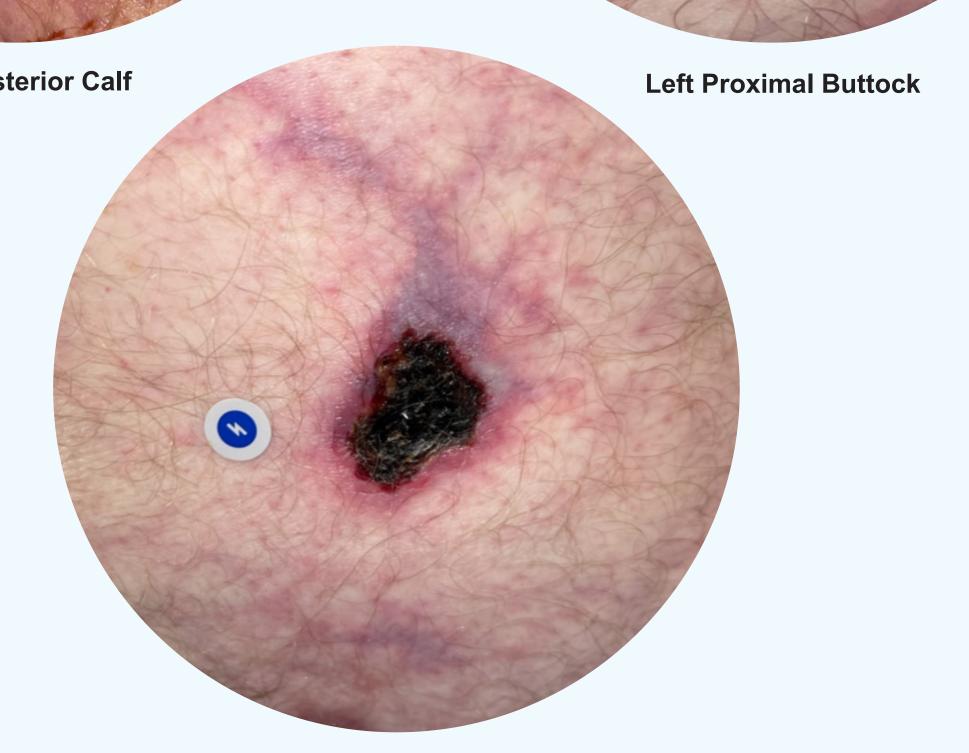
Secondary to the pathology results the patient was referred to a rheumatologist around November 2021. Based on a recent published study, it was determined that direct oral anticoagulants show inferiority to Vitamin K antagonists. The second best choice is a low molecular weight heparin which was used in the patient.

Discussion

The patient's chronic wounds markedly improved after the change from a direct oral anticoagulant to a low molecular weight heparin. The first choice was to use a vitamin k antagonist but in this patient there is a significant drug-drug interaction between Fluconazole and Warfarin.

The buttock ulcerations were the first to resolve and the remaining left ulcer has decreased in size and inflammation. The prior associated symptom of severe pain (out of proportion) has resolved.



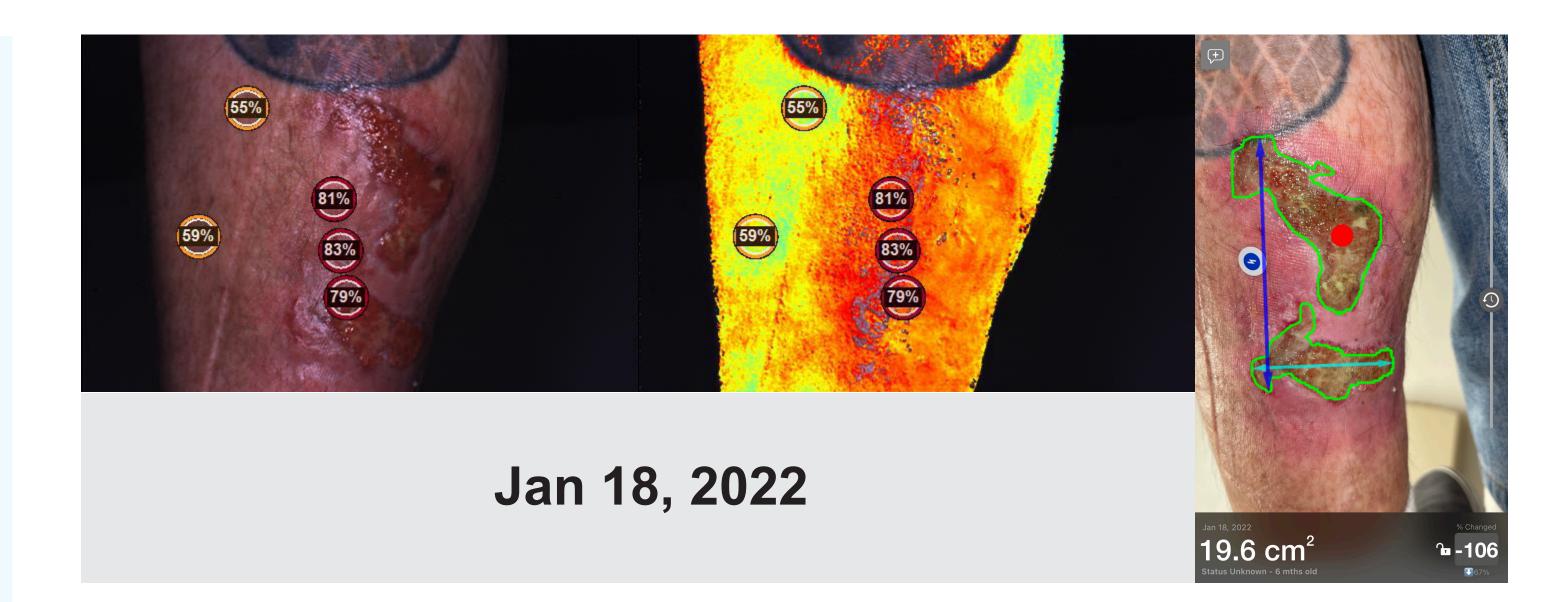


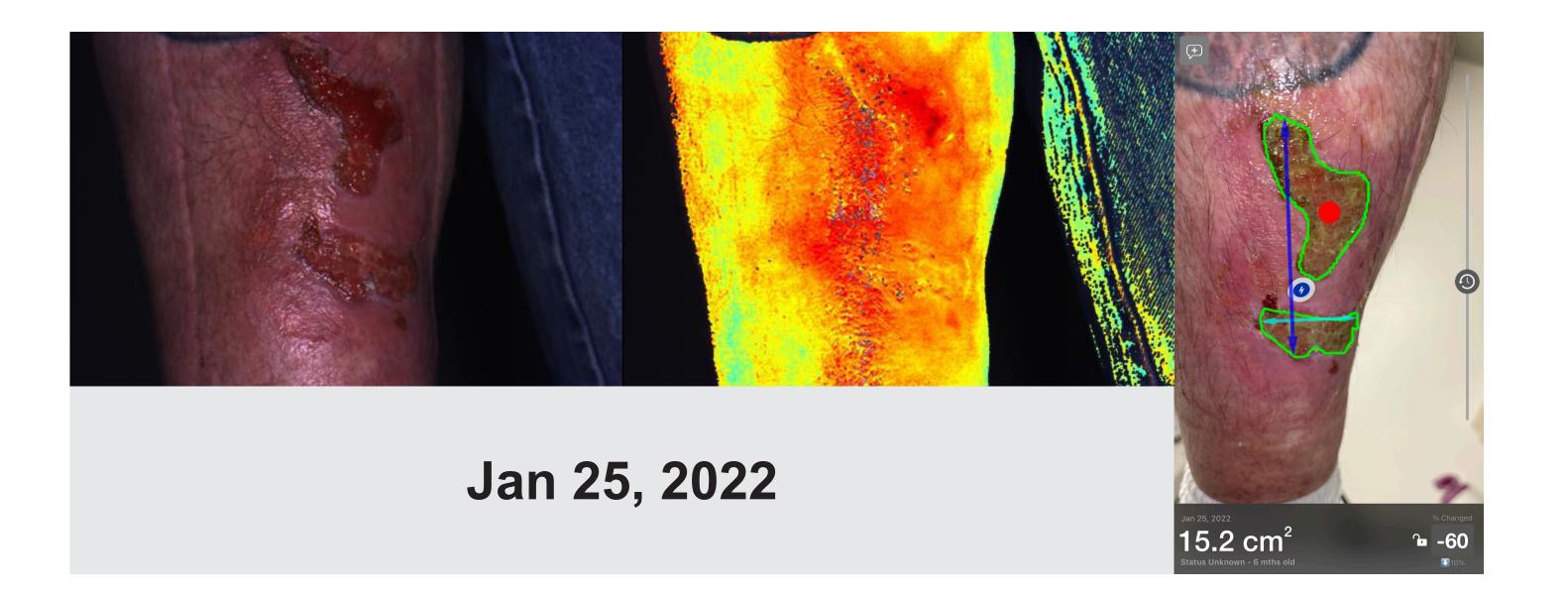
Left Distal Buttock

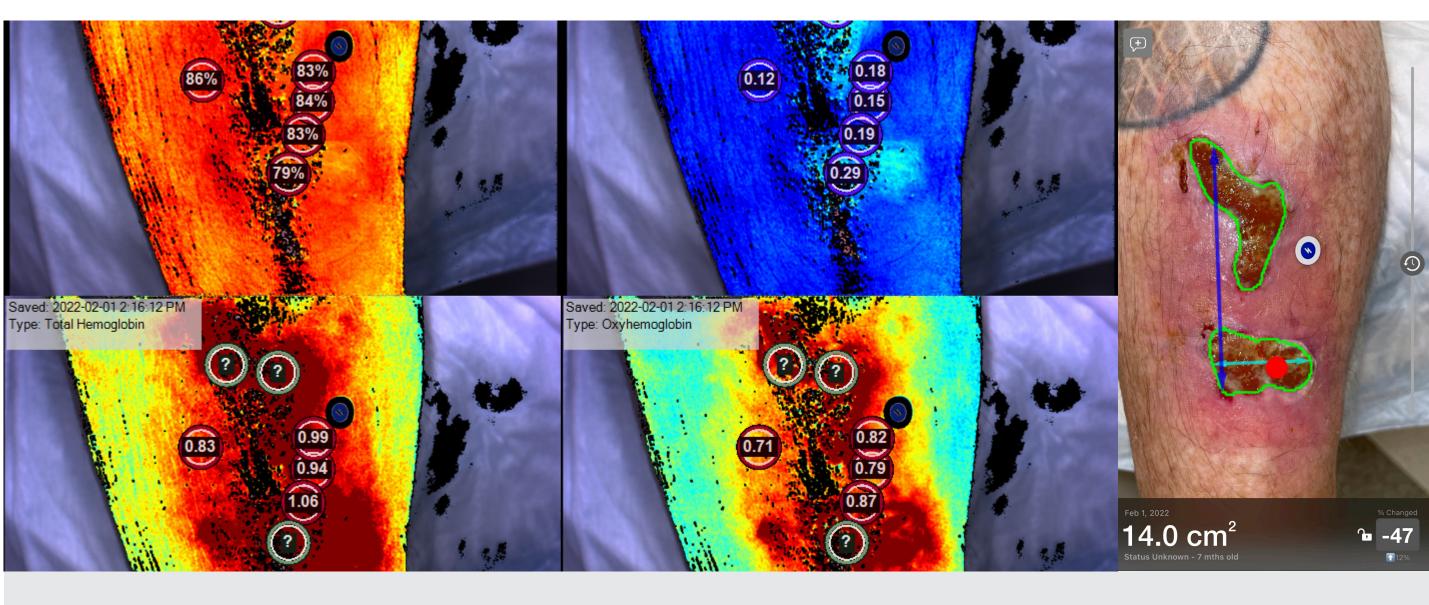
Methods/Procedures

For each clinic visit, the following procedures were done:

- **SWIFT** skin and wound app photo documentation of the true surface area of the patient's lesions
- **SNAPSHOT NIR** used to evaluate the microcirculation and oxygenation of the wound bed and periwound. Also used to help distinguish inflammation secondary to hyperemia.
- MOLECULIGHT i:X used to routinely evaluate for the presence and location of pathogenic bacteria







Feb 1, 2022





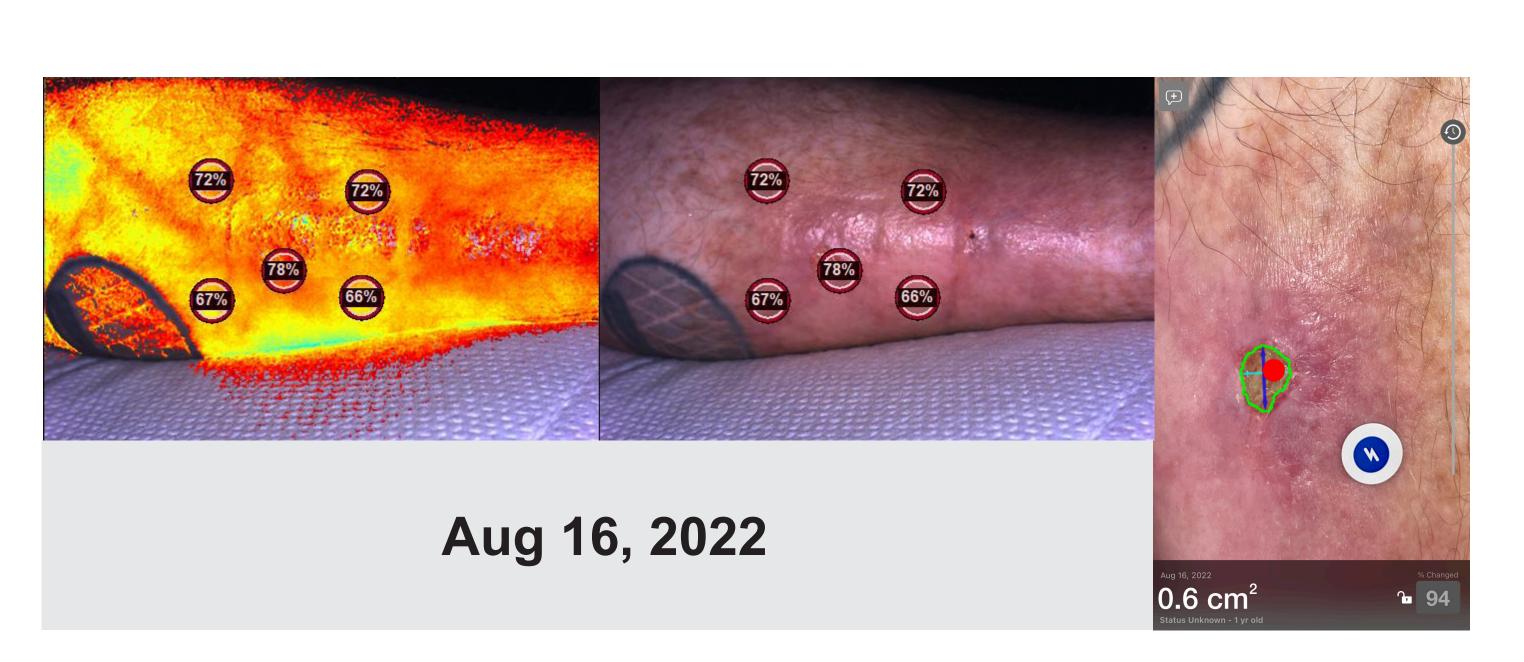












- Snapshot NIR imaging on 2-15-2022 to 2-22-2022 showed an intense red periwound color on the tissue oxygenation saturation view (StO₂ RGB) which is concerning for inflammation and/or reactive hyperemia. Moleculight i:X was used to evaluate the presence of pathogenic bacteria. As no bacteria was identified, no antibiotics were prescribed
- As the wound is healing, the StO₂ RGB values are relatively consistent between the periwound and wound bed.

REFERENCES

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