



Mervat Wahba

University of Tennessee, USA

Biography

Mervat Wahba is an Associate Professor of Neurology UTHSC since July 1st, 2012 to current. She served as an Assistant Professor of Neurology UTHSC since February 1st, 2006 to June 30th, 2012. She is the Fellowship Director of Vascular Neurology, from September 1st, 2010 to October 5th, 2015. She is the Medical Director of Comprehensive Stroke Center. She is also the Methodist System Medical Director since September 1st, 2010 to March 2nd, 2014. She has been working as a Neurology Clerkship Director since May 2008 till today.

mwahba@uthsc.edu

CATASTROPHIC ANTIPHOSPHOLIPID ANTIBODIES SYNDROME

A 29-year-old African American lady presented to the ER with sudden onset right UE weakness and numbness, right LE drift with an NIHSS of three. She then suffered right eye blindness with an NIHSS of five. She has a past medical history of systemic lupus. She qualified to receive IV TPA, the platelet count was pending. The patient's right weakness and right eye blindness improved and her NIHSS improved to one manifesting as mild hand drift. At the very end of the IV TPA infusion the patient informed us that she is on lovenox 1 mg/Kg body wt Q12Hr despite initially denying being on anticoagulation. All medications to reverse a post-TPA bleed were ordered as standby and the patient was closely monitored. Few hours after the IV TPA infusion she suffered right lower extremity symptoms or embolization. A diagnosis of a thrombotic storm versus Heparin-induced Thrombocytopenia versus DIC was contemplated. The platelet count was unavailable due to clumping. The Hematology consultant advised starting a direct thrombin inhibitor: lepirudin and the Vascular Surgery performed a successful right femoral artery-popliteal bypass and right anterior tibial embolectomy. The patient's labs showed a normal Fibrinogen level, a D-dimer and no schistocytes indicating no DIC. The SRA test for Heparin induced thrombocytopenia was negative. The diagnosis was CAPS which represents the perfect storm with cytokine-induced activation of vascular endothelium and changes in coagulation factors and platelets. Platelets count was 174,000. The patient continued to improve, the stroke was punctate.



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