

Infantile de novo primary antiphospholipid syndrome revealed by neonatal stroke

Etienne Merlin, Eric Doré, Stéphane Chabrier, Alain Marques Verdier,
Jean-Louis Stéphan

► **To cite this version:**

Etienne Merlin, Eric Doré, Stéphane Chabrier, Alain Marques Verdier, Jean-Louis Stéphan. Infantile de novo primary antiphospholipid syndrome revealed by neonatal stroke. *Pediatric Rheumatology, BioMed Central*, 2011, 9 (Suppl 1), pp.P263. <inserm-00624796>

HAL Id: inserm-00624796

<http://www.hal.inserm.fr/inserm-00624796>

Submitted on 19 Sep 2011

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



POSTER PRESENTATION

Open Access

Infantile de novo primary antiphospholipid syndrome revealed by neonatal stroke

E Merlin^{1*}, E Doré¹, S Chabrier², A Marques Verdier¹, JL Stéphan²

From 18th Pediatric Rheumatology European Society (PReS) Congress Bruges, Belgium. 14-18 September 2011

Ba

Antiphospholipid antibody syndrome (APS) is a rare condition in childhood. Some cases have been reported in neonates, and it is believed that most of them result from a transplacental transfer of antiphospholipid antibodies (APLA) from the mother to the foetus.

Case

the first child of a 28 year healthy mother with no history of auto-immunity nor thrombotic events. The pregnancy was complicated by diabetes. The birth arose after a 39 weeks pregnancy, by normal vaginal delivery. The male newborn weighted 3830 g (P90). The clinical examination was normal. The third day, he exhibited clonic seizure of the right hemi-body. EEG demonstrated left temporal spikes. Cerebral ultrasonography and MRI showed infarction in the territory of the left middle cerebral artery. Prothrombin time and activated

partial thromboplastin time, antithrombin III, protein C, protein S and homocystine levels were normal. There was no mutation of the factor II or V. Serology for antiphospholipid antibodies and detection for anti β 2gp1 were negative in the child and the mother serum. One year later, a new systematic screening showed a high titer of anticardiolipid antibodies (Table 1). Antinuclear antibodies were negative. None of those antibodies were found in the maternal serum. All those features persisted on a second testing 12 weeks later.

Conclusion

Contrary to what is usually thought, neonatal APS not always result from the transplacental transfer of APLA. Our case highlights the importance of considering the maternal status when reporting on neonatal APS; and of considering the possibly of APS even in the absence of antibodies in the mother.

Table 1 Biological features of the child and the mother

		Normal values	Time after birth			
			5 days		1 year	
			Child	Mother	Child	Mother
KCT (sec)			43/34		52/35	36/36
Anticardiolipid AB	IgM (UMPL/ml)	<10	<5	<1	4	<1
	IgG (UGPL/ml)	<11	<5	<1	191	<1
Anti β 2gpl AB	IgM	<10	<5	<1	<1	<1
	IgG	<20	<5	<1	258	<1
VDRL			-	-	NEG	NEG
TPHA			-	-	NEG	NEG

* Correspondence: e_merlin@chu-clermontferrand.fr

¹CHU Clermont-Ferrand, INSERM CIC 501, 63003 Clermont-Ferrand, France
Full list of author information is available at the end of the article

Author details

¹CHU Clermont-Ferrand, INSERM CIC 501, 63003 Clermont-Ferrand, France.

²CHU Saint-Etienne, Hôpital Nord, 42000 Saint-Etienne, France.

Published: 14 September 2011

doi:10.1186/1546-0096-9-S1-P263

Cite this article as: Merlin *et al.*: Infantile de novo primary antiphospholipid syndrome revealed by neonatal stroke. *Pediatric Rheumatology* 2011 **9**(Suppl 1):P263.

**Submit your next manuscript to BioMed Central
and take full advantage of:**

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

