

**HEPARIN INDUCED THROMBOCYTOPENIA (HIT) AND CEREBRAL VENOUS SINUS THROMBOSIS (CVST) WITH POSSIBLE ANTI-PHOSPHOLIPID SYNDROME (APS) AND SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)**

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A 57 years old woman presented at the ER with fever (38,8°C), confusion, mild aphasic disorder, no motor deficits, indifferent right plantar reflex and possibly a right visual field deficit. Due to a T12 vertebral fracture, enoxaparine for venous thromboembolism prophylaxis has been initiated 15 days before. Initial platelet count was low. WBC and CRP were elevated. Brain CT, CTA revealed 2 hemorrhagic infarcts and extended CVST. She was admitted to our clinic for further investigation. Immunological and serological tests were consistent with HIT, APS and SLE. The patient was treated with fondaparinux (although information supporting its use in HIT is limited) for a few days until acenocoumarol was initiated. A wide spectrum of antibiotic and antifungal agents were administered because she remained febrile, although no positive blood and urine culture were found. Corticosteroids for HIT were administered. She was discharged from the hospital after 30 days, afebrile with mild neurological deficits.

In literature, a small number of cases has been reported with either HIT and CVST or APS and HIT, but as far as we know, no case was ever described with all the above entities. Additionally, most of the cases did not have such a favorable outcome and a positive HIT test in APS and SLE is in debate.