Case Presentation

GI Departments Meeting

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Case Presentation

- 36 y/o female
- Crohn's
 - Abdominal pain
 - Diarrhea
 - Anemia / CRP
 - Colonoscopy:
 - Terminal Ileitis
 - CT:
 - Thickened, enhanced TI

Clinical Course

- Prednisone
- Pentasa
 - Clinical remission 2yrs
- Exacerbation
 - Prednisone
 - 6 MP (1.5 mg/kg)
 - Remission 1 yr
- Exacerbation Budesonide

Enterography



Intervention



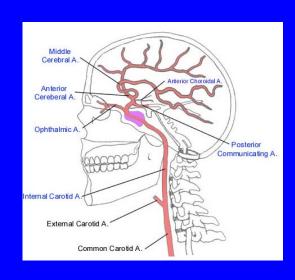
Infliximab (5 mg/kg)

6 - MP continued

Significant clinical improvement

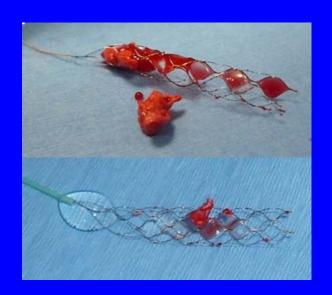
3 Weeks Later...

- Dysarthria
- Left hemiplegia
- Head CT occlusion right MCA

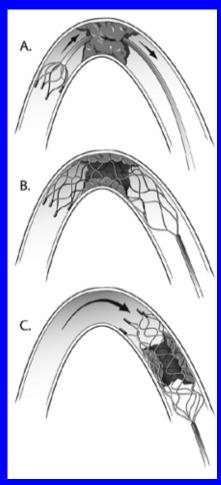


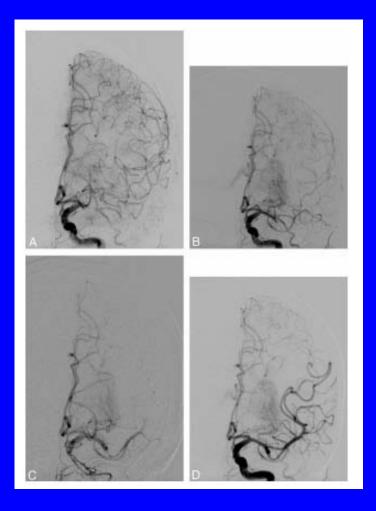


Carotid Catheterization, Intra Arterial tPA & Mechanical Thrombectomy



Solitaire stent







Questions

- IBD related coagulopathy?
- Underlying thrombophilia?
- Why an arterial event?
- Remicade?

Etiology

- Oral contraceptives stopped
- Thrombophilia screening:
 - Hereditary:
 - APC resistance / factor V Leiden negative
 - Protrombin gene mutation negative
 - Pro- C, pro- S, AT- III deficiencies negative

Etiology

- Thrombophilia screening:
 - Acquired:
 - Hyperhomocystinemia absent
 - Anti phospholipid Antibodies:
 - Anti cardiolipin normal
 - Anti b2glycoprotein normal
 - Lupus anticoagulant normal

Anti Phospholipid Antibodies

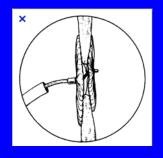
- After 12 weeks:
 - Anti cardiolipin normal
 - Anti b2Glycoprotein normal
 - Lupus anticoagulant Positive (X2)
- → Anti phospholipid syndrome

Cardiovascular Evaluation

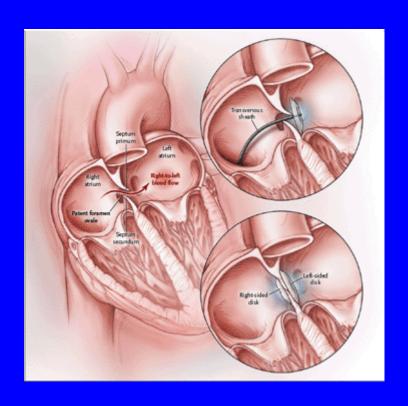
- Shunt / cardioembolus?
- TTE + bubble study :
 - 2/4 injections positive
 - Doppler no color jet
- TEE -
 - 1/2 injections positive
 - Doppler no color jet

Cardiac Catheterization

- Cardiaccatheterization -large PFO (>20 mm)
- Successful PFO closure achieved







Interim Summary

- Stroke complete recovery
- PFO closed
- Anti phospholipid syndrome diagnosed
- CD currently in clinical remission

So Why Did It Happen?

- Anti phospholipid syndrome
- Oral contraceptives
- Crohn's disease
 - Anti TNF?

3 weeks after PFO closure...

Surprise!!!

Patient found to be 8 weeks pregnant

Pregnancy Related Issues

- Catheterization during pregnancy (5w)
 - Irradiation 1st trimester
- Pregnancy after major stroke
- Anti phospholipid syndrome
- Untreated Crohn's disease

Thromboembolic Complications in IBD Patients

- VTE most frequent
- Population based cohort studies: 3-fold

increased risk compared to controls

Bersnttein et al; Thromb Haemost; 2001 Oldenburg et al; Dig Dis Sci;2005 Kappelman et al; Gut; 2011

Thromboembolic Complications in IBD Patients

- Large prospective study of IBD outpatients:
 - Overall risk VTE (HR-3.4)
 - Higher risk during disease flares (HR- 8.4)
 - Highest risk in the outpatient setting

(HR 15.8 outpatient vs. 3.2 inpatients)

Thromboembolic Complications in IBD Patients

- Prospective cohort study:
 - IBD
 - Healthy controls
 - Other inflammatory disease (RA)
 - Intestinal disease (Celiac)
 - IBD : VTE- x 3.6
 - RA / Celiac : VTE = controls
 - VTE specific feature of IBD?

Arterial Thromboembolic Complications in IBD Patients

- Arterial << venous
- Additional pro-coagulant risk factor
- Reports in case reports/series:
 - Large artery strokes
 - Lower extremity arterial occlusions
 - Aortic thrombi
 - Premature atherosclerosis
 - Acute MI

Anti - TNF & Thromboembolic Complications

- TNF alpha :
 - Pro-coagulant cytokine
 - Induces a pro-thrombotic response in vascular endothelium

Anti - TNF & Thromboembolic Complications

- Case reports of thromboses related to anti-TNF:
 - Thromboses in venous infusion sites
 - Retinal vein thrombosis
 - Pulmonary embolism
 - Cerebrovascular events
 - Budd- chiari syndrome

Back To Our Patient



- Pregnant 13 weeks
- Irradiation analysis 0.5 rad (< 5rads)
- Nuchal translucency normal
- LMWH + Aspirin
- Awaits pregnancy ultrasound 14 weeks
- Crohn's disease follow up

Thank you