INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

ANTIPHOSPHOLIPID ANTIBODY SYNDROME ASSOCIATED WITH MYCOBACTERIUM LEPROMATOSIS INFECTION

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Background: Antiphospholipid antibodies have been reported in various infectious diseases. In 2008 Mycobacterium lepromatosis was found as another causative species for leprosy, particularly causing Diffuse Lepromatous Leprosy (DLL), a severe clinical form, characterized by diffuse non-nodular cutaneous infiltration. This mycobacterium, highly prevalent in Mexico, invades vascular endothelium causing vascular occlusion.

Observations: A 24-year-old female patient presented with violaceous indurated plaques, angulated ulcers, atrophic scars and post-inflammatory hyperpigmentation on her lower limbs and trunk. She referred similar lesions for the last four years in addition to livedo reticularis. Four months before consultation, she also noticed febrile episodes, swollen hands, arthralgia and occasional abdominal pain. An incisional skin biopsy revealed thrombotic vasculopathy with full-thickness tissue necrosis. Laboratory studies were positive for lupus anticoagulant and high titers of anti-cardiolipin and anti-beta-2-glycoprotein I antibodies. She was started on acenocoumarol and hydroxychloroquine with marked improvement of the skin lesions, despite she was still having febrile episodes and malaise. On follow up, she presented with new indurated, subcutaneous nodules on upper chest and proximal upper limbs. Histologically showed a granulomatous infiltrate with acid-fast bacilli. Bacilloscopy was positive and with PCR Mycobacterium lepromatosis was identified. The patient was started on clofazimine, rifampin and dapsone, and continued with anticoagulation therapy.

Key message: Patients with Hansen´s disease may present with clinical and laboratorial features of autoimmunity. It should always be considered in the differential of patients presenting with clinical signs of vasculopathy. In this case, vascular occlusion can be caused by the infection itself, evidenced in Lucio´s phenomenon and secondly, by the triple positive antiphospholipid antibody profile which confers high risk for thrombotic events and

their recurrence. Although patients with Antiphospholipid Antibody Syndrome could be misdiagnosed as Lucio´s phenomenon, and vice-versa, there are some patients, like the present, in whom both processes seems to coexist.