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## THROMBOSIS OF ABDOMINAL AORTIC ANEURYSM PRESENTING AS SNEDDON'S SYNDROME

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Background: Sneddon's syndrome is a neurocutaneous entity characterized by a combination of livedo racemosa and cerebrovascular diseases, such as ischemic stroke or transient ischemic attack, particularly in the territory of the middle cerebral artery. Spinal cord strokes have also been reported. Though it was once considered a clinical diagnosis, Sneddon's syndrome is now regarded as a common clinical manifestation of different disease entities. It can be idiopathic or associated with other etiological factors such as antiphospholipid syndrome and systemic lupus erythematosus. Herein we report an unusual case of Sneddon's syndrome secondary to thrombosis of abdominal aortic aneurysm.

Observation: A 63-year-old man presented with sudden onset low back pain radiating down both legs, followed immediately by bilateral lower limbs paralysis with numbness. Sudden development of extensive skin rash was also noted at the same time. Dermatological examination revealed multiple irregularly broken, netlike mottled violaceous patches involving the lower limbs, buttocks and lower trunk circumferentially, consistent with livedo racemosa. The neurological symptoms and signs suggested ischemia of the anterior spinal cord. The concurrent spinal stroke and livedo racemosa led to the diagnosis of Sneddon's syndrome. The CT scan of the abdomen disclosed a 6.5-cm diameter infrarenal abdominal aortic aneurysm with sac thrombosis. Tests for antiphospholipid antibodies and ANA produced negative results, and there was no evidence of vasculitis, cryoglobulinemia or other autoimmune disease. Skin biopsy showed fibrin thrombi in the deep dermal arterioles. The final diagnosis was Sneddon's syndrome secondary to thrombosis of abdominal aortic aneurysm. The patient underwent percutaneous endovascular repair of abdominal aortic aneurysm. His skin lesion and neurological symptoms improved gradually.

Key message: Thrombosis of abdominal aortic aneurysm may be a rare cause of secondary Sneddon's syndrome.





