Buerger’s disease and antiphospholipid antibodies in pregnancy

Sir: Buerger’s disease is a vasculitis of unknown cause, in which several factors have been implicated, one of the most important of which is smoking.1 We present a case in which Buerger’s disease was associated with a primary antiphospholipid syndrome in a pregnant woman.

A patient aged 38 was sent to our centre in her 32nd week of gestation with a suspected diagnosis of intrauterine growth retardation. Her obstetric history included two intrauterine fetal deaths at 30 and 32 weeks, and between them a male child born alive at term but who was small for the gestational age. The patient had smoked more than 30 cigarettes daily for the previous three years and had had Raynaud’s disease in the fingers and toes for nine years, with distal necrosis of the middle finger of the right hand. On examination, the absence of left radial and pedal pulse and signs of necrosis of the middle finger of the right hand were noteworthy. Her height was 22 cm, which clearly was low for the gestational age. Blood analysis showed persistent thrombocytopenia, with a platelet count between 100 and 140 x 10^3/μl. Tests for antinuclear antibodies, anticardiolipin antibodies, and rheumatoid factor were negative. Anticardiolipin antibodies (by enzyme linked immunosorbent assay (ELISA)) were positive at 40 GPL units in two tests done eight weeks apart. In our laboratory we consider positive levels of IgM or IgG anticardiolipin antibodies to be values greater than 20 MPL or GPL units respectively.) Obstetric sonography showed a live fetus with biometres corresponding to 26 weeks of gestation. The diagnosis was severe symmetrical intrauterine growth retardation.

As we suspected Buerger’s disease a Doppler study of proximal arteries was done, and the results were normal. Non-stress tests showed an absence of fetal reactivity, with decrease of variability and presence of late decelerations, and as a result a caesarean section was performed. A live neonate weighing 1000 g was delivered, with an Apgar score of 6–8. His postnatal evolution was favourable. Anatomopathological examination of the placenta indicated multiple infarcts and calcifications, and signs of vasculitis were noted. An arteriograph of the hands, carried out after delivery, indicated multiple stenoses and screwdriver lesions in radial, ulnar, and palmar arches, which are all compatible with Buerger’s disease. The lesions were bilateral.

---

M CASELLAS
A PEREZ
L CARERO
Department of Obstetrics and Gynaecology
Hospital Maternidad. Ciudad Santarita Vall d’Hebron
University Autonoma de Barcelona
P° Vall D’Hebron s/n
Barcelona, Spain

A SEGURA
PUIG DE MORALES
Department of Internal Medicine
Hospital Maternidad. Ciudad Santarita Vall d’Hebron
University Autonoma de Barcelona
P° Vall D’Hebron s/n
Barcelona, Spain

Letters to the editor

Buerger’s disease and primary anti-phospholipid syndrome have in common the existence of arteriovenous thrombosis, though their cause is different. We have not found any report of their coexistence. Although our patient presents diagnostic criteria of Buerger’s disease, arterial thrombosis is a clinical diagnostic criterion of primary antiphospholipid syndrome, so in this case the possibility that all the abnormalities noted may be due exclusively to this syndrome cannot be ruled out. We believe this may be a coincidence, but more studies are needed to rule out any possible relation.

ACKNOWLEDGMENTS

Dr. Doherty wishes to thank the following who have generously given their time to help with the assessment of manuscripts during 1992.

Adebowo A O
Ager A
Ali S Y
Allard S
Allen R
Amos R
Axford J
Ayad S
Bailey A
Bamji A
Barnes C G
Bassey J
Bayliss M
Belch J
Berman P
Bernstein R M
Bhalia A K
Bjarnason I
Blake A R
Bloton C
Boon N A
Bosshingam D
Bourne J
Bowen D
Bened J
Brandt K D
Breedveld F C
Brennan F
Bremsihan B
Buckland-Wright C
Bucknall R
Bunning R
Burge S
Burmester G R
Butler R C
Bydder G
Calin A
Cambridge J
Cameron J S
Capell H
Cawley M D
Cawston T
Chard M
Clique R B
Clark I M
Coggon D
Cohen B J
Colaco B
Haskard D
Haslock D I
Hay F
Hazelmari B
Henderson B
Heney D
Herom C
Herrick A L
Holden N
Holland C D
Holt L P J
Hunter J
Hutton C W
Iserberg D A
James W H
Jayson M I V
Jeffries R
Johnson P M
Johnston I
Jones A
Jones S
Jubb R W
Kagen L
Kanj S
Kear A C S
Khamashia M
Kidd B
Kingsley G
Kirwan J R
Klouda P
Kyle V
Lachmann P J
Langman M
Lanyon L
Leroy E C
Leck J R
Lim K
Lock R J
Lockwood M
Lunec J
Luqman R
Macfarlane D
Mackie E
Maddison P J
Mackh P
Maksymowycz W
Malcolm A
Mansfield J
Marenah C B
Mason R
Mathews J
McAlindon T
McHugh N
Melsom R D
Morgan A G
Morgan K
Ollier W
Page-Thomas D P
Pal B
Pallis M
Panayi S
Patrick M G
Paulson M
Pearson J C G
Pippard M J
Porter D R
Poulter L W
Pountain G
Powell R J
Prieur A-M
Pullar T
Raspe H
Regan M
Reid D M
Richards A J
Ring E S
Robins S P
Roland M
Rowe I F
Rudge S
Saklatvala J
Samanta A
Schumacher R
Scott D G J
Seedhom B
Seifert M H
Sewell H F
Sheehan N J
Sherden P
Simian A
Simmonds A
Situnayake R D
Smeathers J
Smith M A
So A
Southwood T
Spector T D
Spiller R
Stanworth D R
Stein C M
Steven M M
Stevens A
Stevens C
Sturrock R D
Summers G
Swaak A J G
Swannell A J
Swanson S A V
Swash M
Symons D
Taggart A
Thompson P
Todd I
Toivinen P
Trezdiosiewicz L K
Turner D
Tyler J A
Urban G
Van de Putte L
Venable P
Viner N
Vischer T L
Walker D
Walport M J
Walt I
Watts R
Weiss J B
Whaley K
Wilcox R G
Williams B
Williams R
Winward P
Woo P
Woodhead M
Wooff A D
Wooley D
Wordsworth B P
Wright V
Young A
Yunus M B
Buerger's disease and antiphospholipid antibodies in pregnancy.

M Casellas, A Pérez, L Cabero, A Segura, E Puig de Morales and R Selva O'Callaghan

doi: 10.1136/ard.52.3.247-b

Updated information and services can be found at:
http://ard.bmj.com/content/52/3/247.2.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/