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**Pediatric Deep Venous Thrombosis and Pulmonary Embolism: Can It Be
Antiphospholipid Syndrome?**

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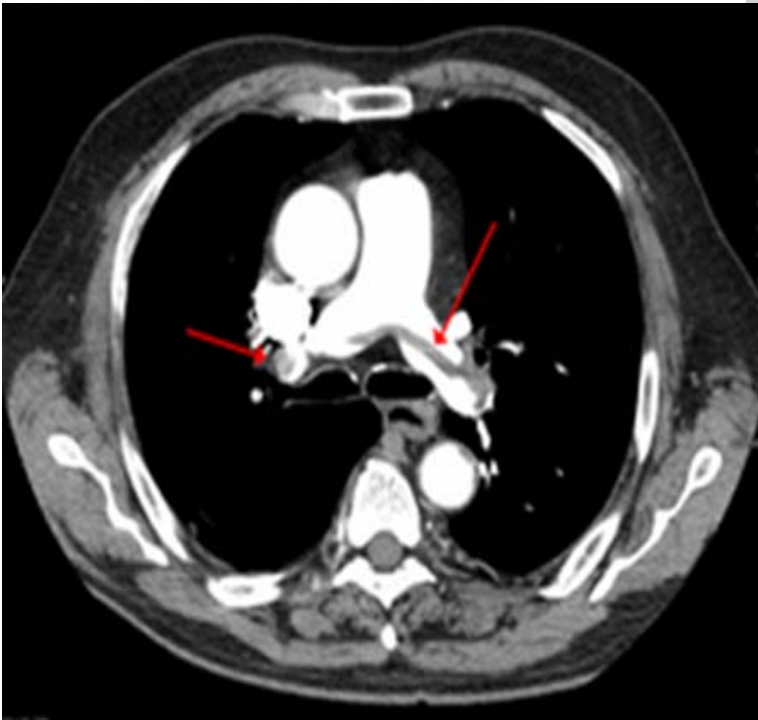
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In pediatric patients with deep venous thrombosis(DVT)and pulmonary embolism (PE),antiphospholipid syndrome(APS)should be considered early and efforts must be made to ensure timely diagnosis of this potentially life-threatening condition.Pediatric APS is an autoimmune disease characterized by vascular thrombosis and persistently positive antiphospholipid antibodies [1-5].Primary APS is rarely seen in childhood[4]. A 14 years-old adolescent was admitted with complaints of left upper leg edema for a week.On physical examination, obesity, hypertension, and edema of the leg were present.Hyperlipidemia and D-dimer elevation were remarkable.Doppler ultrasonography showed DVT in his left femoral vein and abdomen computed tomography (CT) demonstrated iliac vein thrombosis(Figure 1).Since he had wide spread DVT, thorax CT angiography was also performed without any clinical symptoms of PE and it demonstrated filling defects in right pulmonary artery(Figure 2).Anticoagulation was given and complete recanalization was observed. Diet program was started. When thrombophilia risk factors were evaluated, there was no family history and genetic thrombophilia panel was negative, LA was positive twice with an interval of 12 weeks(first sample was before treatment) and other APS antibodies were found negative.SLE and SLE-like diseases were excluded.The patient was diagnosed as primary APS.Metabolic syndrome was the additional thrombotic risk factors. Long-term anticoagulation therapy(lifetime)was given to the patient.



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