

# Intracranial haemorrhage secondary to antiphospholipid syndrome in a postpartum patient

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## ABSTRACT

**Introduction:** Antiphospholipid syndrome (APS) is an autoimmune prothrombotic disorder that can present during or after pregnancy with significant maternal morbidity. Neurological complications such as cerebral venous thrombosis and intracranial haemorrhage, although rare, can be life-threatening and require a high index of suspicion. **Case Description:** A 20-year-old woman, 20 days postpartum after delivery for severe preeclampsia, presented with persistent occipital headache and drowsiness. CT brain showed a right parieto-occipital intraparenchymal haemorrhage with mild midline shift and surrounding oedema. CT venography suggested a possible right transverse sinus thrombosis. Thrombophilia screening revealed positive lupus anticoagulant and  $\beta 2$  glycoprotein I antibodies, supporting a diagnosis of primary APS. Due to the intracerebral bleed, anticoagulation was initially withheld. She was treated with supportive care and antiepileptic therapy (Keppra), with gradual clinical improvement. Subsequent MRI and MRA showed no vascular malformations or new haemorrhage. MRV demonstrated normal opacification of the venous sinuses without evidence of thrombosis. **Discussion:** This case highlights the importance of recognising APS as a potential cause of neurological symptoms in postpartum women, especially those with prior obstetric complications. Persistent headache in the postpartum period should prompt urgent neuroimaging and consideration of both thrombotic and hemorrhagic events. Early diagnosis, appropriate imaging, and coordinated multidisciplinary care are essential to guide safe management and prevent long-term sequelae