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A Case Report on Paradoxical Emboli

Venous Thromboembolism (VTE) is a major public health concern, affecting approximately 900,000 people annually in the United States. In rare cases, a Patent Foramen Ovale (PFO) may allow a venous thrombus to cross into the arterial circulation, causing a paradoxical embolism. This case report presents a 46-year-old male who developed left renal artery stenosis after a paradoxical embolism, likely triggered by a prolonged flight and binge alcohol consumption. The patient was found to have a moderate-sized PFO and renal infarction, confirmed by imaging studies. Despite initial anticoagulation therapy and a planned stenting procedure, intraoperative findings revealed only mild stenosis, leading to cancellation of the stent placement. The patient ultimately underwent PFO closure with an Amplatzer Talisman device. This case underscores the diagnostic challenges in managing paradoxical embolism and the need for individualized treatment, particularly concerning anticoagulation duration, the decision for PFO closure, and post-procedural antithrombotic therapy. Further research is required to establish optimal management strategies for cryptogenic embolic events.

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Adalimumab in the Treatment of Complex Sarcoidosis-related Inflammatory Eye Disease: A Case Series

Background: Sarcoidosis is a systemic granulomatous inflammatory disease that is associated with inflammatory eye manifestations such as uveitis, cystoid macular edema, and retinal vasculitis. Although Corticosteroids (CS) have traditionally been the mainstay of treatment, there is a clinical need and growing interest in exploring alternative therapeutic options for patients who are refractory to or intolerant of CS or require long-term steroid-sparing agents.
Purpose: This case series aims to describe the effectiveness of adalimumab, an anti-tumor necrosis factor (TNF)-? monoclonal antibody, in the management of complex sarcoidosis-related inflammatory eye disease via reduction in CS dosage and ocular exam findings before and after initiation of adalimumab therapy.
Method: A retrospective chart review of patients between 2010 and 2023 seen at our academic center's rheumatology and eye clinics was conducted, with 5 patients meeting the inclusion criteria.
Results: Most patients were able to lower, discontinue, or remain off oral CS, while all 5 patients demonstrated a reduction in uveitis activity, Cystoid Macular Edema (CME), and/or retinal vasculitis.
Conclusion: These findings suggest a potential role for adalimumab as an effective and safe therapeutic option in the management of complex sarcoidosis-related inflammatory eye disease.
