of CAPS in multorgan failure form regressed 14 days after the first administration, SLEDAI score decreased to 32 points, GAPSS to 4 points. After 4 weeks complete B-cell depletion was achieved. A month after the course of rituximab she achieved remission, which lasts 4 years already. ANA and antiphospholipid antibodies weren’t detected.

Patient E., 20, with primary APS, cardioliopin positivity, β2-glycoprotein-1 and lupus anticoagulant, thrombocytopenia, livedo reticularis; CAPS-like thrombotic microangiopathy type with damage to cerebral vessels, lung vessels, recurrent pulmonary embolism for six months, deep leg vein thrombosis. GAPSS activity before treatment was 17 points. Pulse therapy wasn’t performed. Therapy rituximab 375 mg/m² 1 time per week, 4 weeks was administered. Multiple organ failure also regressed 10–14 days after 1 administration of rituximab. GAPSS score decreased to 10 points. Incomplete B-cell depletion was achieved.

Conclusion Thus, rituximab demonstrated high effectiveness in CAPS in both cases. Rituximab allowed to reach multiple organ failure regression and a persistent effect was achieved.