We describe a 71-year-old Filipino male with SLE of 4 years duration who developed intractable thrombocytopenia and acute myocardial infarction. Work-ups revealed elevated CK-MB (140 u/L) and positive troponin I (>150 ng/ml), prolonged KCT (110 sec) and DRVVT (52 sec) and elevated anticardiolipin IgM (18.71 MPL units/ml, NV<12.5 MPL units/ml) and IgG (23.76 GPL units/ml, NV<15 GPL units/ml). Patient was diagnosed to have catastrophic antiphospholipid antibody syndrome (APS). Despite therapy with pulse methylprednisolone and pulse cyclophosphamide, patient’s medical condition deteriorated and eventually expired due to bleeding secondary to an intractable thrombocytopenia. First coined by Asherson et al in 1992, catastrophic antiphospholipid antibody syndrome is a rare accelerated form of APS characterized by multi-organ thrombotic microangiopathy. Since its description, only 50 patients have been described in the literature mostly occurring in young adult females with primary APS. We are reporting the first case of a catastrophic APS in an elderly male patient with SLE. Catastrophic APS is a potentially life-threatening condition. At present, no therapeutic regimen has proven to be consistently successful hence prognosis has remained poor. The aim of this case report is to increase clinical awareness to the syndrome, which in turn can spur further interest into understanding the pathophysiology of the disease and therefore improve on present management. It is therefore recommended that further research be done in further elucidating its mechanism of action and in improving the therapeutic management.