Trends in the Antiphospholipid Syndrome Criteria

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The Antiphospholipid Syndrome (APS) is an autoimmune disease characterized clinically by the occurrence of either venous or arterial thrombosis in different vascular beds, and/or recurrent miscarriages in the first trimester, or fetal death in the second or third trimesters, or severe pre-eclampsia requiring delivery of a premature infant before 34 weeks of gestation. Cerebrovascular infarction is the most common clinical feature within the arterial circulation, whereas lower limb deep venous thrombosis and pulmonary embolism are the main locations within the venous circulation [1]. The detection of persistently elevated levels of antiphospholipid antibodies (aPL) is a requisite laboratory feature for the diagnosis of APS. The positivity for at least one aPL test: lupus anticoagulant (LA) by clotting assays and/or IgG/IgM antiphosphatidylserine (aPS/PT) have been proposed to be relevant to APS. In our prospective study in 2005 [8] we showed that the triple positivity for LA, IgG aβ2GPI, and IgG antiprothrombin antibodies gave the highest annual rate of thrombosis (8.4%), that was statistically significant in multivariate analysis (OR, 2.6; 95% CI, 1.35-5.01). In a recent retrospective study, a large series of SLE patients was analyzed, and assessed the potential clinical usefulness of combining routinely tested aPL with new aPL specificities in an attempt to find a profile that will identify patients at higher risk of APS [9]. Among the 23 possible combinations of the six aPL tested, LA+aβ2GPI+aPS/PT had the best diagnostic accuracy for APS as a whole, and for both thrombosis and pregnancy loss. When comparing it to the combination suggested by the current criteria and all the other tested combinations, positivity for LA/aβ2GPI/aPS/PT had the best diagnostic performance in terms of specificity and predictive value in this SLE cohort.

Pengo et al. [10] proposed a modification of the categorization proposed in the last APS criteria, which takes into account the type (clotting tests or ELISA) and the number of positive assays:

- a. Triple aPL positivity (positivity of LA, aCL, and aβ2GPI)
- b. Double aCL and aβ2GPI positivity (in the absence of LA)
- c. Single aPL positivity

Taken into account this increasing knowledge, it is now proposed that the definition of APS should include a different clinical risk to develop APS-related events:

1. definite APS in those patients with triple aPL positivity (high risk group).
2. probable APS in those patients with double aPL positivity (medium risk group).
3. non-APS in those patients with single aPL positivity (low risk group).

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Likely this risk stratification would improve the clinical management of patients with aPL.

References


