Patients With Antiphospholipid Syndrome.

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OBJECTIVES: In the last three and half decades, a variety of clinical manifestations involving almost all organs and tissues (cardiac, pulmonary, neurological, renal, cutaneous, hematologic, gastrointestinal, ocular, skeletal and endocrinology), have been described associated with antiphospholipid antibodies (aPL). AIM: The aim of this study was to investigate multidisciplinary approach to the patients with antiphospholipid syndrome (APS).

PATIENTS AND METHODS: Our study includes a total of 508 APS patients; 520 were PAPS patients (283 female and 177 male, mean age 44.0±12.9), while 148 had APS associated with SLE (133 female and 15 male, mean age 47.7±14.8). The diagnosis of APS was made by the presence of aPL and other diagnostic criteria.

RESULTS: In our cohort SAPS patients had significantly higher prevalence of aCL IgG, aCL IgM and aß2GPI IgG. Thrombosis was diagnosed in 46.5% patients.Pseudoinfective endocarditis was observed in 12.8% secondary APS patients and 3.1% in primary APS patients (p=0.004).Presence of ß2GPI IgG was significantly related to stroke, and overall ß2GPI (IgG and IgM) positivity was significantly related to TIA in SAPS patients. Valvular manifestations were significantly related to TIA in both groups of patients and were independent risk factors for TIA in PAPS (OR 3.790 CI 1.597-8.998 p=0.003: table 2). In PAPS, epilepsy correlated with ß2GPI-IgM, migraine with aCL-IgM, thrombocytopenia with aCL-IgM, aCL-IgG, anti ß2GPI-IgG and LA. Livedo reticularis was more prominent in PAPS with high levels of aCL-IgG. Skin ulcerations were more prevalent in aCL-IgM positive SAPS patients and epilepsy more frequently had high levels of anti ß2GPI-IgG in SAPS.

CONCLUSION: In this cross-section analysis of a large cohort of APS patients we analyzed that APS patients can be presented with a wide variety of thrombotic and nonthrombotic manifestations. The key the success is multidisciplinary approach in all time of patient's life.

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Recent Publications

1. Hughes GR. The antiphospholipid syndrome: ten years on. Lancet 1993; 342:341-4.
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5. Stojanovich L, Kontic M, Djokovic A, et al. Association between systemic non-criteria APS manifestations and antibody type and level: results from the Serbian national cohort study. Clin Exp Rheumatol. 2013 Mar-Apr; 31(2):234-42.

Biography

Ljudmila Stojanovich received her Ph.D. in Medicine in 1999. She is the scientific director in the Bezhanijska Kosa, University Medical Center of Belgrade University. She is an author of three monographs and of about 250 articles on various aspects of Autoimmune Rheumatic disorders. She is in Editorial Boards (LUPUS /LONDON). She is a member of number International Project, and member of the Steering Committee of the "EULAR recommendations for the prevention and

management of adult antiphospholipid syndrome". Professor Stojanovich is EULAR Honorary Member, and the President of "12th meeting of the European Forum on APS", in Belgrade, Serbia in April 2020.The Member of the international team of medical experts for the topic on APS (Hughes Sy) and systemic lupus (INTERNATIONAL CHARITY, The London Lupus Centre).Professor Ljudmila Stojanovich' Impact Point is 300.14, and number of citattions is 2.400.

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