

- Clinical criteria include:
- (i) objectively confirmed arterial, venous, or small-vessel thrombosis,
- (ii) pregnancy morbidity consisting of recurrent fetal loss before the 10th week of gestation, 1 or more unexplained fetal death at or beyond the 10th week of gestation, or premature birth due to placental insufficiency, eclampsia, or preeclampsia.
- Laboratory criteria include:
- (i) medium or high titer IgG or IgM aCL or

INR indicates international normalized ratio. Circled capital letters indicate strength of evidence supporting treatment recommendations.

*Importance of transient antiphospholipid antibodies is uncertain

(ii) the presence of LA on 2 or more occasions at least 6 weeks apart. (ii) anticardiolipin antibodies (aCL) Patients With Antiphospholipid Antibodie general - This syndrome is referred to as: (i) primary APS when it occurs alone and Thrombosis? Venous Thrombosis Arterial Thrombosis antiphospholipid syndrome No Treatment or Low-Dose Aspirin® [created by Cerebral Noncerebral or Low-Mole Paul Young (i) increase APTT First Episode or First Episode or First Episode or 02/10/07 Recurrent Episode While Not Receiving Recurrent Episode While Not Receiving Recurrent Episode While Not Receiving Warfarin or While the Aspirin or Warfarin or Warfarin or While the INR Was Below the While the INR Was INR Was Below the treatment Target Range Below the Target Range Target Range lupus anticoagulants Warfarin (INR, 2.0-3.0(A)) Warfarin (INR. 1.4-2.8) Warfarin@(INR, 2.0-3.0) Strength of Evidence Long-term Duration® or Aspirin (A Strong Moderate Weak Recurrent Episode While Recurrent Episode While (v) textarin time or Receiving Warfarin or Aspirin Receiving Warfarin Receiving Warfarin (vi) taipan time anticardiolipin antibodies

diagnostic

criteria for

antiphospholipid

syndrome

- Antiphospholipid antibodies are a heterogeneous group of autoantibodies directed against phospholipid binding

- Antiphospholipid antibodies can be broadly categorized into:

- (i) those antibodies that prolong phospholipid-dependent coagulation assays, known as lupus anticoagulants (LA), or
- The presence of these antibodies in patients with arterial or venous thrombosis or pregnancy morbidity comprises the antiphospholipid antibody syndrome (APS).

- (ii) secondary APS when it occurs in association with other conditions, such as systemic lupus erythematosus (SLE).
- Antiphospholipid antibodies are also found in patients with infections such as human immunodeficiency virus2 and may develop during therapy with medications such as chlorpromazine. Their clinical importance in these settings is unknown.
 - Lupus anticoagulants are antibodies that block phospholipid surfaces important for coagulation.
 - (ii) prolonged APTT does not correct with a 1:1 mix with normal platelet-free plasma
 - (iii) correction of the clotting time after addition of excess phospholipids confirms the presence of LA.
 - Consensus guidelines recommend screening for LA with 2 or more phospholipid-dependent coagulation tests, including the
 - (i) activated partial thromboplastin time,
 - (ii) dilute Russell viper venom time,
 - (iii) kaolin clotting time,
 - (iv) dilute prothrombin time,

- Anticardiolipin antibodies share a common in vitro binding affinity for cardiolipin and can be detected using ELISA.