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Personal experiences obtained with follow-up of lupus patients with special regards to the importance of anti-phospholipid antibidies

In lupus patients with antiphospholipid antibodies the development of thrombotic processes is increased. By the presence of lupus antioagulant is stronger risk than the presence of anti-cardolipin antibody. Thrombotic processes occurre more frequently when IgG isotype anti-cardiolipin is present as compared to the presence of IgM anti-CL. The presence of different type antiphospholipid antibodies in the same serum sample further increases the risk a thrombotic events. Clinical complications associate to constantly high aPL antibody concentration. Regular measerements and follow-up of antiphospholipid antibodies, including both anti-cardiolipin, anti-b2-glycoprotein I, and lupus anticoagulant are required in patients with systemic lupus erythematosus.

Patients with constantly high antiphospholipid antibody titer are offered to be treated with aspirin for the reason to prevent the development of thrombotic clinical complications.

Antiphospholipid antibodies may be present preceding SLE, and as such primary antiphospholipid syndrome may be a forerunner or the iniciative phase of lupus. However, APS may associate to SLE as an independent systemic autoimmune disorder, modifying the outcome of both disaeases, especially those of SLE. Patients with primary antiphospholipid antibody syndrome require regular medical follow-up to observe when they progress to systemic lupus erythematosus.

Rare anti-phospholipid/co-factor antibodies (e.g. those against annexin ,phosphatidyl-serine and prothrombin) can be detected in SLE patients. These associate with each-other and with the traditional, criterial aPL antibodies further increasing the prevalence of clinical thrombotic manifestations.