J Clin Exp Dermatol Res 2015, 6:3
http://dx.doi.org/10.4172/2155-9554.S1.018

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5th International Conference on
Clinical & Experimental Dermatology
July 13-15, 2015 New Orleans, USA

The spectrum of cutaneous manifestations and antiphospholipid syndrome: Influence of antiphospholipid antibody type and levels

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Introduction: Several skin manifestations have been described in patients with antiphospholipid syndrome (APS). Cutaneous manifestations may occur as the first sign of antiphospholipid syndrome. These include livedo reticularis, necrotizing vasculitis, livedo reticularis, thrombophlebitis, cutaneous ulceration and necrosis, erythematous macules, purpura, and other.

Objectives: Aim of this study was to investigate association between antiphospholipid antibody (aPL) type and level and skin manifestations in APS.

Patients and methods: We analyzed 488 APS patients: 346 patients with primary (PAPS) and 142 with secondary APS (sAPS/SLE); 81.5% women and 18.5% men; average age 45.03±13.61. The objective was to observe the prevalence and localization of skin manifestations, and correlate it to aPL type and level in patients diagnosed with PAPS or sAPS. aPL analysis included: LA and aCL (IgG/IgM), ß2GPI (IgG/IgM), by positive titers: Low (10-30), medium (31-50), and high (>51PLU/ml). In all patients, we collected data considering frequently occurred skin lesions.

Results: Our results performed on total APS patiens and both PAPS and sAPS groups didn't show correlation between skin lesions and aPL type and level. The exceptional results in APS patients showed that skin ulcerations correlated with both high levels of aCL IgM and ß2GPI IgM (p=0.013 and 0.044) while pseudovasculitis correlated with high levels of ß2GPI IgM (p=0.017). In SLE group, livedo reticularis and pseudovasculitis correlated with high levels of ß2GPI IgM (p=0.008 and 0.032) and skin ulcerations with high levels of aCL IgM (p=0.049).

Conclusion: Our results showed correlation between skin lesions and levels of aPL. High levels of ß2GPI IgM might predict skin ulcerations and pseudovasculitis in APS patients. Pseudovasculitis commonly occurred with high levels of aCL IgM. High levels of ß2GPI IgM are more common with livedo reticularis in SLE patients.

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