JOINT EVENT

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Cardiovascular complications in patients with antiphospholipid syndrome

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Background: Antiphospholipid syndrome (APS) or Hughes Syndrome represents a systemic autoimmune disorder characterized by arterial and/or venous thrombosis, multiple and recurrent fetal losses, accompanied by persistently elevated levels of antiphospholipid antibodies (aPL).

Objective: This prospective clinical study examines the prevalence of cardiac APS manifestations.

Methods: The analyzed cohort comprises a total of 680 patients (410 primary antiphospholipid syndrome (PAPS) and 269 with SAPS/systemic lupus erythematosus (SLE)). aPL analysis included detection of anticardiolipin antibodies (aCL) and ß2GPI (IgG/IgM), and lupus anticoagulant (LA). We investigated for cardiac presentation in 558 patients: 330 patients with PAPS followed up for an average of 44.00±12.97 years and 148 patients with secondary APS (SAPS) in scope of SLE (47.74±14.84 years). Data considering acute myocardial infarction (MI), unstable angina (UA), coronary artery bypass grafting (CABG) or percutaneous coronary artery angioplasty (PTCA). Carotid ultrasound was performed and the intima-media wall thickness (IMT) and presence of plaque was investigated in all patients and controls. Traditional vascular risk factors and APS-disease and treatment related factors were also analyzed.

Results: Presence of aCL IgG was more common (p=0.001) in SAPS, and LA in PAPS patients (p=0.002). Age was a significant risk factor for MI: 56.6 and 43.6 years, respectively (p=0.0001). Highly statistically significant difference was revealed considering presence of aβ2GPI antibodies and carotid arteries plaque presence (p=0.020), in patients with PAPS and aβ2GPI (0.049), as well PAPS patients with smoking (p=0.008). PAPS and SLE patients did not differ among themselves with regard to the occurrence of MI (p=0.102) and UAP (p =0.123) unstable angina pectoris (UAP), but presence of more than 2 aPL was a significant risk factor for UA (p=0.017).

Conclusion: The results from this study support the importance of aPL as an independent risk factor for cardiac manifestations. The certain aPL type and level correlated with cardio APS manifestations, suggesting their predictive or protective role.

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