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Correlations between thrombotic and systemic non-thrombotic APS manifestations: Lesions from the Serbian National Registry

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Introduction: Antiphospholipid syndrome (APS) patients suffer from various clinical manifestations with the presence of antiphospholipid antibodies (aPL). APS may manifest itself as a primary disease (PAPS) or as a secondary disease (SAPS), most commonly in the context of Systemic Lupus Erythemathosus (SLE)

Patients and methods: We analyzed 488 patients: 346 PAPS (70.9%) (77.7% female and 22.3% male) average age 44.1±13.0 years and 142 patients with secondary APS (SLE) patients (29.1%) (90.8% female and 9.2% male) average age 47.2±14.8 years. aPL analysis included analysis of aCL (IgG/IgM), ß2GPI (IgG/IgM) and LA. aPL analysis included analysis of aCL (IgG/IgM), ß2GPI (IgG/IgM) and LA. In all patients data considering cardiac, vascular, pulmonary, neurological, skin and hematological disorders were collected.

Results: There was 30.8% aCL-IgG, 49.7% aCL-IgM, 31.4% β2GPI IgG, 40.4% β2GPI IgM and 54.0% LA positive PAPS patients. Among SAPS patients 57.9% were aCL-IgG, 61.4% aCL-IgM, 40.7% β2GPI IgG, 45.0% β2GPI IgM and 51.1% LA positive. We observed 56.3% with neurological, 23.0% patients with skin, 27.3% with cardiac, 20.8% with hematological and 15.2% with pulmonary disorders. 54.3% of patients had peripheral vascular thrombosis (arterial, venous or both) in PAPS and 70.4% SAPS patients with skin, 77.3% with neurological, 40.8% with cardiac, 64.8% with hematological and 12.0% with pulmonary disorders. 57.9% of SAPS patients had peripheral vascular thrombosis. Between SAPS and PAPS patients we observed highly statisticaly significant difference considering neurological (p=0.0001), cardiac (p=0.002), skin (p=0.0001) and hematological manifestations (p=0.0001) in favour of patients with SAPS.

Conclusion: Patients with SAPS suffer more often from various clinical features comparing to patients PAPS. Additional autoimmune burden in those patients presented through aPL presence besides actual autoimmune disease pannel, could be an explanation.

Biography

Stojanovich Ljudmila received her PhD in Medicine, with the thesis "Neuropsychiatric manifestations in patients with Systemic Lupus Erythematosus" in 1999. She is the Scientific Director in the Bezhanijska Kosa, University Medical Center of Belgrade University, where she is currently a Research Professor. Her research focuses on Systemic Lupus Erythematosus, Antiphospholipid Syndrome, and Vaccination in patients with Autoimmune Rheumatic diseases. She is an author of three monographs and of about 250 articles on various aspects of Rheumatic disorders, published in international and domestic journals and in conference proceedings. She is in Editorial Boards /Reviewer in the "Current Contensts" or "Science citation index", like LUPUS, *Cellular and Molecular Neurobiology, The Journal of Vaccine, The Journal of Rheumatology, Allergologia et Immunopathologia* and others. She is a member of number International Project, like of "the European Forum on Antiphospholipid Antibodies", "Multicentre Studies Antiphospholipid Antibodies, Infections and Autoimmune Diseases". She is a mentor/ Supervisor of a numbers of Post-doc students.

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