OPEN ACCESS Freely available online

Lupus: Open Access

Commentary

Severity of Lupus Anticoagulant Syndrome

Catherin M*

Department of Internal Medicine, Rheumatology and Immunology, Princeton University, New Jersey, USA

DESCRIPTION

The Antiphospholipid Syndrome (APS) is an autoimmune condition. Blood clots, miscarriage, rash, chronic migraines, dementia, and seizures are some of the signs and symptoms. Antiphospholipid syndrome is a condition marked by a higher risk of abnormal blood clots (thromboses) that can clog blood arteries. Thrombophilia is the medical term for this clotting tendency. Thromboses can form in practically any blood vessel in the body in antiphospholipid syndrome. Antiphospholipid antibody syndrome, APS, APLS, Hughes syndrome, and lupus anticoagulant syndrome are all names for this illness.

Blood clots can form in any of the body's blood vessels. APS symptoms and severity vary widely from person to person, depending on the exact location of a blood clot and the organ system that is affected. APS can develop alone (primary antiphospholipid syndrome) or in combination with another autoimmune condition such systemic lupus erythematosus (secondary antiphospholipid syndrome).

Symptoms

The age at which symptoms of an illness first appear is referred to as the age of onset. For different diseases, the age of onset varies, and a doctor may use this information to make a diagnosis. Symptoms of various diseases may appear in a single or multiple age groups.

Antiphospholipid syndrome causes thrombocytopenia, anaemia, and livedo reticularis, a purplish skin colouring caused by irregularities in the skin's microscopic blood capillaries. Affected people may also have open sores on their skin (ulcers), migraine headaches, or heart disease. Antiphospholipid syndrome is common in persons who have other autoimmune diseases, such as systemic lupus erythematosus.

Causes and complications

Antiphospholipid syndrome is a mysterious autoimmune illness. When the body's natural defences (antibodies, lymphocytes, and so on) against invading pathogens target perfectly healthy tissue, autoimmune diseases develop. The development of APS is influenced by a number of factors, including genetic and environmental influences. APS has been found to run in families in rare circumstances, suggesting that the illness may have a hereditary component. The development of APS is influenced by a number of factors, including genetic and environmental influences. APS has been found to run in families in rare circumstances, suggesting that the illness may have a hereditary component. Women with repeated pregnancy loss are considered primary APS patients, while lupus patients are considered secondary APS patients.

Kidney failure, stroke, cardiovascular difficulties, lung problems, and pregnancy complications are all possible complications of antiphospholipid syndrome.

Treatment and diagnosis

Antiphospholipid syndrome is diagnosed after a comprehensive clinical examination. Anticardiolipin antibody immunoassays (which, despite the name, detect primarily antibodies to beta-2-glycoprotein I), anti-beta-2-glycoprotein antibody immunoassays, and lupus anticoagulant tests are the most common blood tests used to identify antiphospholipid antibodies (coagulation assays that detect subsets of anti-beta-2-glycoprotein I antibodies and anti-prothrombin antibodies).

CONCLUSION

Most persons with APS, for the rest of their lives, must take anticoagulant or antiplatelet medication. Low-dose aspirin tablets are usually indicated if blood testing reveals abnormal antiphospholipid antibodies but no history of blood clots. If a person can't take aspirin, clopidogrel, an antiplatelet pill, may be administered instead. Injections of an anticoagulant called heparin may be required if a person develops a blood clot or symptoms become suddenly severe. These injections may be administered in a hospital setting. These drugs have few and minor side effects, such as indigestion or feeling sick (nausea).

Correspondence to: Catherin M, Department of Internal Medicine, Rheumatology and Immunology, Princeton University, New Jersey, USA, E-mail: mcatherin158@yahoo.edu

Received: 07-Jul-2022, Manuscript No. LOA-22-17370; **Editor assigned:** 11-Jul-2022, PreQC No. LOA-22-17370 (PQ); **Reviewed:** 26-Jul-2022, QC No. LOA-22-17370; **Revised:** 03-Aug-2022, Manuscript No. LOA-22-17370 (R); **Published:** 11-Aug-2022, DOI: 10.35248/2684-1630.22.7.205

Citation: Catherin M (2022) Severity of Lupus Anticoagulant Syndrome. Lupus: Open Access. 7:205.