

NOVEDADES EN EL PLANETA SAF 2012-2013



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esperábamos de 2012...



NUEVOS (Y MEJORES) ANTICUERPOS ANTIFOSFOLÍPIDO

NOVEDADES EN TRATAMIENTO/PREVENCIÓN DE SAF

Curr Rheumatol Rep (2013) 15:367

DOI 10.1007/s11926-013-0367-6

SYSTEMIC LUPUS ERYTHEMATOSUS (M PETRI, SECTION EDITOR)

Top 10 Clinical Research Developments in Antiphospholipid Syndrome

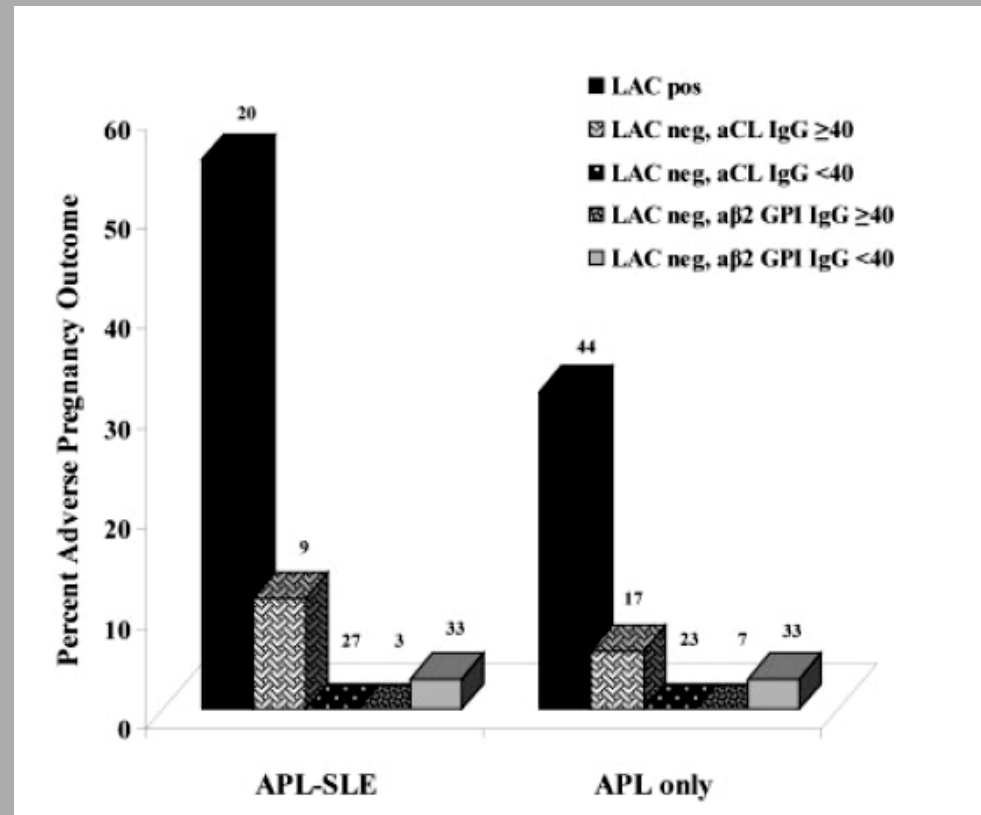
Medha Barbhaiya • Doruk Erkan

SAF OBSTETRICO

Prediction of Adverse Pregnancy Outcome by the Presence of Lupus Anticoagulant, but Not Anticardiolipin Antibody, in Patients With Antiphospholipid Antibodies

Michael D. Lockshin,¹ Mimi Kim,² Carl A. Laskin,³ Marta Guerra,⁴ D. Ware Branch,⁵
Joan Merrill,⁶ Michelle Petri,⁷ T. Flint Porter,⁵ Lisa Sammaritano,¹
Mary D. Stephenson,⁸ Jill Buyon,⁹ and Jane E. Salmon¹

N=144



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OTROS PREDICTORES:

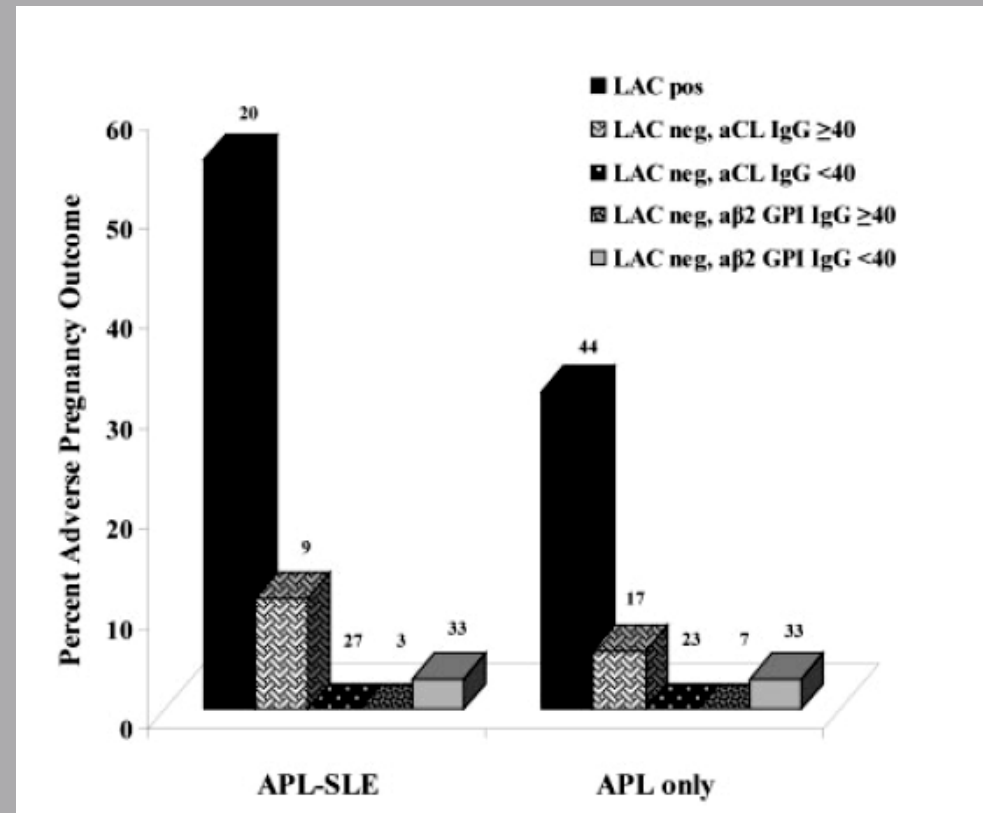
LES

TROMBOSIS

EDAD

RAZA BLANCA

AAS y heparina solo en univariante



Persistent antiphospholipid antibodies do not contribute to adverse pregnancy outcomes

May Ching Soh¹, Dharmintra Pasupathy¹, Gabriella Gray¹ and Catherine Nelson-Piercy¹

Rheumatology 2013

SAF OBSTETRICO

Variable	Controls	aPL	APS
Maternal outcome			
Maternal complications			
Essential hypertension and PIH, <i>n</i> (%)	7 (2.4)	4 (5.5)	7 (9.6)*
Unadjusted OR (95% CI)	1.0	2.4 (0.7, 8.3)	4.3 (1.5, 12.7)
All pre-eclampsia (PET), <i>n</i> (%)	13 (4.5)	2 (2.7)	3 (4.1)
Unadjusted OR (95% CI)	1.0	0.6 (0.1, 2.7)	0.9 (0.3, 3.3)
Early PET—delivery <34 weeks, <i>n</i> (%)	2 (0.7)	0	2 (2.7)
Unadjusted OR (95% CI)	1.0	—	4.1 (0.6, 29.5)
Preterm rupture of membranes, <i>n</i> (%)	7 (2.4)	2 (2.7)	3 (4.1)
Unadjusted OR (95% CI)	1.0	1.1 (0.2, 5.7)	1.7 (0.4, 6.9)
Gestational diabetes, <i>n</i> (%)	11 (3.8)	4 (5.5)	2 (2.7)
Unadjusted OR (95% CI)	1.0	1.5 (0.5, 4.8)	0.7 (0.2, 3.3)
Fetal outcome			
Fetal loss, <i>n</i> (%)	9 (3.1)	5 (6.9)	10 (13.7)*
Unadjusted OR (95% CI)	1.0	2.3 (0.8, 7.1)	5.0 (1.9, 12.8)
Birthweight, median (IQR)	3400 (1760–4580)	3445 (3110–3685)	3100*** (2710–3380)
Customized birthweight centile, median (IQR)	44.4 (22.3–68.9)	50.8 (26.4–68.9)	29.0*** (9.3–50.8)
Small for gestational age, median (%)	31 (11.0)	4 (5.9)	17 (27.0)***
Unadjusted OR (95% CI)	1.0	0.5 (0.2, 1.4)	3.1 (1.7, 5.8)
Adjusted OR ^a (95% CI)	1.0	0.5 (0.2, 1.4)	2.9 (1.5, 5.7)
All APS-type complications ^b , <i>n</i> (%)	31 (10.6)	9 (12.3)**	28 (38.4)*
Unadjusted OR (95% CI)	1.0	1.2 (0.5, 2.6)	5.2 (2.7, 9.6)
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Persistent antiphospholipid antibodies do not contribute to adverse pregnancy outcomes

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SAF OBSTETRICO

AAS 6% 96% 97%

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PREVALENCIA DE ANTIFOSFOLIPIDO

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The Estimated Frequency of Antiphospholipid Antibodies in Patients with Pregnancy Morbidity, Stroke, Myocardial Infarction, and Deep Vein Thrombosis.

A Critical Review of the Literature

Arthritis Care & Research 2013

According to our best literature estimates, the overall aPL frequency is:

- 6% for pregnancy morbidity
- 13.5% for stroke
- 11% for myocardial infarction
- 9.5% for deep vein thrombosis

PREVALENCIA DE ANTIFOSFOLIPIDO

The Estimated Frequency of Antiphospholipid Antibodies in Patients with Pregnancy Morbidity, Stroke, Myocardial Infarction, and Deep Vein Thrombosis. A Critical Review

60% PUBLICADOS ANTES DE 2000

50% RETROSPECTIVOS

36% TÍTULOS BAJOS DE aCL

80% ÚNICA DETERMINACIÓN DE aFL

10% AL + aCL + anti- β_2 GPI

SAF Y RITUXIMAB

SAF Y RITUXIMAB

A Pilot Open-Label Phase II Trial of Rituximab for Non-Criteria Manifestations of Antiphospholipid Syndrome

Doruk Erkan,¹ JoAnn Vega,² Glendalee Ramón,² Elizabeth Kozora,³ and Michael D. Lockshin¹

Patient/ age/sex	APS	Inclusion criteria/duration	Previous medications†	Concomitant medications‡	Response at 24 wks	Observations at 24–52 wks§	Observations after 52 wks (duration from study completion to time of report)¶
1/61/M	No	Skin ulcer (PG)/36 mos	CS, WAR, LMWH, AZA	ASA, PTX, HCQ, MMF	RC	Active ulcers	–
2/25/M	No	Cardiac valve disease/3 mos	–	–	NR	–	No change (6 mos)
3/32/M	No	Thrombocytopenia/3 mos	–	ASA, HCQ	ET	–	–
		Cardiac valve disease/1 wk			ET	–	–
		Cognitive dysfunction/48 mos#		–	ET	–	–
4/40/F	No	Thrombocytopenia/6 mos	CS, IVIG, WinRho	–	CR	No change	Recurrence (4 mos)
5/38/F	PM	Thrombocytopenia/8 mos	CS, IVIG	ASA, HCQ	PR	No change	–
		Cognitive dysfunction/24 mos#			CR	–	–
6/24/F	VE	Thrombocytopenia/5 mos	CS, WinRho	WAR	NR	–	–
7/61/F	No	Cognitive dysfunction/6 mos#	–	ASA, HCQ, STN	CR	–	–
8/53/M	No	Cognitive dysfunction/10 mos#	–	WAR, HCQ, MMF	PR	–	–
9/46/F	VE + PM	Cognitive dysfunction/12 mos#	CS	ASA, WAR	CR	–	–
10/20/F	VE	Skin ulcer (LV)/2 mos	CS	HCQ, STN, WAR	CR	No change	–
11/45/M	VE	Skin ulcer (PG)/5 mos	CS, IVIG	WAR	CR**	Active ulcers	–
12/46/F	VE + PM	Thrombocytopenia/12 yrs	CS, TPO	HCQ, CPG, WAR	ET††	–	–
		Cardiac valve disease/3 mos			ET	–	–
13/52/M	VE	Cardiac valve disease/1 mo	–	STN, WAR	NR	–	Improved (17 mos)‡‡
14/38/M	VE	Skin ulcer (PG)/1.5 mos	–	HCQ, WAR	CR	No change	–
15/22/M	No	aPL nephropathy/2 mos	CS	ACE inhibitor	ET	–	–
16/61/F	VE	Skin ulcer (PG)/22 mos	CS	ASA, STN	PR	Recovered	–
17/20/F	No	aPL nephropathy/35 mos	CS, MMF	ACE	PR	No change	–
18/45/F	PM	Cognitive dysfunction/3 mos#	–	ASA, HCQ	NR	–	–
19/41/F	PM	Cardiac valve disease/25 mos	–	ASA	NR	–	Improved (5 mos)§§

HCQ, NUEVOS ANTICOAGULANTES...

Anti-thrombotic effects of hydroxychloroquine in primary antiphospholipid syndrome patients

A Schmidt-Tanguy^{*1}, J Voswinkel^{†1}, D Henrion[‡], JF Subra[§], L Loufrani[‡], V Rohmer^{¶1},
N Ifrah^{*}, C Belizna^{††}

40 pacientes con SAF y trombosis venosa (2 con ACV)

A) 20 con ACO (INR 2.0-3.0)

B) 20 con ACO (INR 2.0-3.0) + HCQ 400 mg/d

Recurrencias: 6 (30%) (A) vs. 0 (B)

Todas las recurrencias en AL (+)

Todas las recurrencias con INR en rango

SAF Y NUEVOS ANTICOAGULANTES

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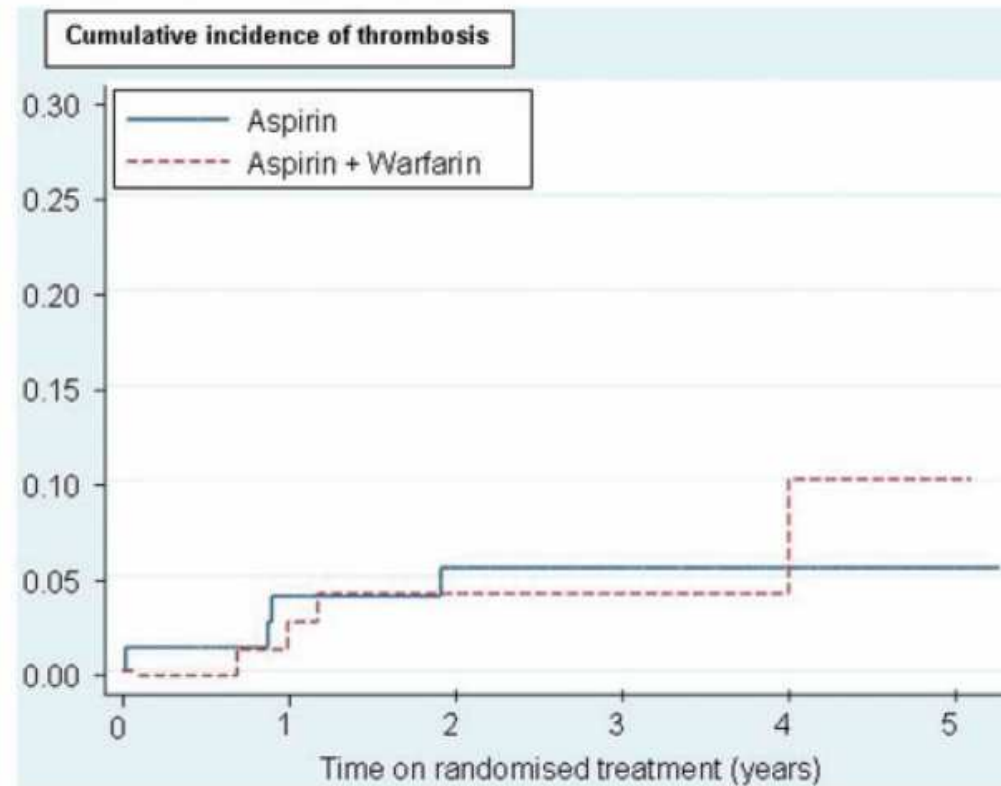
PREVENCION PRIMARIA

Low-dose aspirin vs low-dose aspirin plus low-intensity warfarin in thromboprophylaxis: a prospective, multicentre, randomized, open, controlled trial in patients positive for antiphospholipid antibodies (ALIWAPAS)

Maria J. Cuadrado¹, Maria L. Bertolaccini², Paul T. Seed³, Maria G. Tektonidou⁴, Angeles Aguirre⁵, Luisa Mico⁶, Caroline Gordon⁷, Guillermo Ruiz-Irastorza⁸, Maria V. Egurbide⁸, Antonio Gil⁹, Gerard Espinosa¹⁰, Frederic Houssiau¹¹, Anisur Rahman¹², Helena Martin¹³, Neil McHugh¹⁴, Maria Galindo¹⁵, Mohammed Akil¹⁶, Mary C. Amigo¹⁷, Veronica Murru² and Munther A. Khamashta²

Rheumatology 2013

PREVENCIÓN PRIMARIA



SAF OBSTETRICO

PREVALENCIA DE aFL

RITUXIMAB Y SAF

HCQ

PREVENCION PRIMARIA

SAF OBSTETRICO

PREVALENCIA DE aFL

RITUXIMAB Y SAF

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PREVENCION PRIMARIA



2014



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