Antiphospholipid antibodies: Clinical and diagnostic problem as an intriguing notion on Immunology

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Antiphospholipid syndrome (APS) is defined by clinical manifestations that include thrombosis and/or fetal loss or pregnancy morbidity in patients with antiphospholipid antibodies (APL). Diagnostic Problem: Antiphospholipid antibodies are among the most common causes of acquired thrombophilia, but unlike most of the genetic thrombophilias are associated with both venous and arterial thrombosis. Antiphospholipid antibodies are directed primarily toward phospholipid binding proteins rather than phospholipid per se, with the most common antigenic target being β2-glycoprotein 1 (β2GPI) although antibodies against other targets such as prothrombin are well described. Laboratory diagnosis of aPL depends upon the detection of a lupus anticoagulant (LA), which prolongs phospholipid-dependent anticoagulation tests, and/or anticardiolipin and anti-β2-glycoprotein 1 antibodies. Indefinite anticoagulation remains the mainstay of therapy for thrombotic APS, although new strategies that may improve outcomes are emerging. Clinical Problem: While the clinical presentation of APS can be quite diverse because the disease can affect virtually any organ system, patients typically present with symptoms relating to joint, skin or mucosal inflammation, or with a varying degree of haematological abnormality or constitutional features. However, the lack of a gold standard test to confirm diagnosis often results in delays or misdiagnosis.

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