Reciprocal changes in

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Letters to the Editors

the presence of lupus anticoagulant during complications. In multivariate analysis only to the delivery in mothers with neonates’ evolution and increased from the beginning anticardiolipin IgG levels decreased during pregnancy with favorable outcome (7). As far as we know, this is the first report to describe the APL levels evolution during pregnancy and to analyse the impact of the APL evolution during pregnancy, as well on the neonate’s outcome in a large multicentre cohort of prospective pregnancies. Physiological blood volume expansion may explain the tendency to decrease of APL concentrations during the course of pregnancy without complication and the concentrations of IgG, IgA, and IgM decrease significantly in the second and third trimesters (8, 10). On the other hand, the increase of APL concentrations in complicated pregnancies probably reflects the increase production of APL antibodies and the defective placentation (11). Because of predominant isolated APL in our study these data could suggest that the monitoring of APL titres during pregnancy in low-risk APS mothers could be predictive of obstetric outcome. The value of APL monitoring during pregnancy remains to be determined in patients with high risk pregnancy (thrombosis, associated SLE, LA and triple positivity).

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Several factors have been previously established to be associated with poor APS obstetrical outcome and related neonates complications, such as the history of pregnancy morbidity and thrombosis, associated SLE, LA and APL triple positivity (2-5). The presence of LA could be also associated with poor obstetrical outcome, whereas the isolated APL are associated with better obstetrical outcome as previously reported (1-2, 5). The anticardiolipin IgG antibodies remain the most frequent APL in obstetrical APS, as represented in our study (1, 2, 6). Previously, only one report of 10 patients with at least 2 spontaneous abortions with anticardiolipins without LA demonstrated the decrease of APL during pregnancy with favorable outcome (7). As far as we know, this is the first report to describe the APL levels evolution during pregnancy and to analyse the impact of the APL evolution during pregnancy, as well as the neonate’s outcome in a large multicentre cohort of prospective pregnancies. Risk factors for pregnancy failure in patients with antiphospholipid syndrome treated with conventional therapies: a multicentre, case-control study. Rheumatology 2011; 50: 1684-9.

References


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