Optimizing the management of thrombosis in the antiphospholipid-antibody syndrome

The antiphospholipid-antibody (APA) syndrome is a disorder characterized by recurrence of clinical events, such as thromboembolic complications, in subjects carrying an antiphospholipid antibody (anticardiolipin antibodies, lupus anticoagulant or both). Clinical trials aimed at assessing the efficacy and safety of high-dose warfarin in preventing recurrent thrombosis in patients with APA and vascular disease have been proposed. Values for INR greater than 3 have been suggested in order to achieve prolonged and effective anticoagulation. The rationale for this is, however, unclear.

In this issue, Della Valle et al. provide evidence for an assay-dependency of INR values in patients with lupus anticoagulants (LA) on oral anticoagulation. They show that INR determinations obtained with recombinant prothrombin time (PT) reagent substantially overestimate the actual degree of anticoagulation of most LA patients and that is due to interference of LA IgG in PT assays carried out at low plasma dilution. For these patients, accurate INR values may be obtained using the combined thromboplastin reagents that permit testing at high plasma dilution.

These observations are of crucial importance for optimal management of thrombosis in the APA syndrome.

References


Combined use of erythropoietin and G-CSF in the treatment of myelodysplastic syndromes

The only two treatments that can prolong survival in patients with myelodysplastic syndrome (MDS) are allogeneic stem cell transplantation and intensive chemotherapy. Other treatments, however, may improve the quality of life of subsets of MDS patients. Recombinant human erythropoietin (rHuEpo) is effective in only a small portion of anemic patients with hematopoietic stem cell disorders. In this issue Remacha et al. show that the combined use of rHuEpo and G-CSF can ameliorate anemia in a considerable fraction of patients with MDS. Based on serum erythropoietin level and transfusion requirement response could be correctly predicted in about 70% of individuals. Although this treatment is expensive, it should be considered for patients who are most likely to benefit in terms of improvement of both hemoglobin levels and quality of life.

References