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ANTIPOSPHOLIPID ANTIBODY SYNDROME IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN AMAZONAS

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BACKGROUND

Antiphospholipid antibody syndrome (APS) is an autoimmune disease characterized by predisposition to thromboembolic events and fetal losses, through the action of antiphospholipid antibodies (aFL), the main ones being: anticardiolipin (ACL), the lupus anticoagulant (LAC) and anti-B2-glycoprotein I (anti-B2-GPI). It is more prevalent in women at menopause, with an incidence of 20-50 cases per 100,000 people. In addition, APS secondary to systemic lupus erythematosus (SLE) is quite common, constituting a worse prognostic factor. The objective of this work is to determine the prevalence of APS and the presence of aFL antibodies in patients with SLE in the state of Amazonas.

MATERIALS AND METHODS

Retrospective, observational, cross-sectional study that analyzed 200 medical records of patients with SLE of both sexes and all age groups, seen at a reference service in rheumatology in Amazonas. The variables used are: diagnosis of APS (according to the 2006 Sapporo's criteria), diagnostic criteria for SLE (according to the American College of Rheumatology) and measurement of aFL antibodies.

RESULTS

Among the 200 patients, 24 (12%) with APS secondary to SLE. Regarding the diagnostic criteria for SLE: both had similar distribution of photosensitivity, malar rash, discoid rash, arthritis, renal, hematological and FAN HEP-2; there was a difference in the SLE serological criteria (p -value = 0.008), more frequent in the group with APS secondary to SLE (79.2 and 50.6% with and without APS); there was a tendency of difference in the criteria serositis (p = 0.055), neurological (p = 0.061) and oral ulcer (p = 0.081), also more frequent in the group with APS secondary to SLE. The prevalence of aFL was higher in the group with secondary APS (p = 2.773×10^{-15}), being the main antibody aCL, followed by LAC and antibody B2-GPI. However, the percentage of positivity in both groups was lower compared to the literature: 58.3% in the group with secondary APS and 4.54% without APS.

CONCLUSION

Both prevalence of APS and the positive test for aFL antibodies in the group with APS is in accordance with the literature. However, the reduced percentage of positivity of these antibodies in the groups indicates a failure in the strategy for screening and diagnosing this disease, especially due to technical and laboratory difficulties faced in Amazonas. This aspect calls attention to a possible number of underdiagnosed cases of APS in this population, which delays the onset of adequate clinical management and has negative effects on the health of patients.