Tópicos especiales en la enfermedad tromboembólica venosa - sindrome antifosfolípido Special issues in venous thromboembolic disease - Antiphospholipid syndrome

¿Está recomendada la anticoagulación prolongada después del primer episodio trombótico en pacientes con síndrome antifosfolípido?

Is prolonged anticoagulation recommended after the first thrombotic event in patients with antiphospholpid antibodies?

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III CURSO EDUCACIONAL DE LA ISTH. EDUCACIONAL IV

HEMATOLOGÍA Volumen 20 • Número Extraordinario XII Congreso del Grupo CAHT: 273 Septiembre 2016

Palabras clave: Síndrome antifosfolipídico, Evento trombótico, Tratamiento anticoagulante. **Keywords:** Antiphospholipid antibodies, Thrombosis, Anticoagulation.

In a patient who has experienced a first arterial or venous thrombotic event, the presence of antiphospholipid antibodies (APLAs) has traditionally led clinicians to recommend indefinite anticoagulation. However, the evidence that APLA test results should always impact clinical decision-making is not definitive. Several studies of patients who have both experienced unprovoked venous thromboembolism (VTE) and discontinued anticoagulation, have established that the risk of recurrent VTE is 20 - 30%over 3-5 years. When we pooled data from several trials in which one group of patients with a first VTE had been randomized to discontinue anticoagulant therapy, we did not find a statistically significant association between APLAs and risk of recurrence⁽¹⁾. While our observation is probably partly explained by heterogeneous definitions of a positive APLA result, the findings –in combination with what is known about recurrence risk in all patients with unprovoked VTE– raise questions about the role of routine APLA testing in estimating the risk of VTE.

Declaración de conflictos de interés:

El autor declara haber recibido honorarios de consultoría y/o investigación de: Daiichi Sankyo, Boehringer Ingelheim, Janssen, Pfizer y Bristol Meyers Squibb.

Bibliografía

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