

Thrombophilia, Thrombosis and Pregnancy

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CONFERENCIA

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Hereditary thrombophilia and the occurrence of acquired antiphospholipid syndrome underlie many of the thrombotic events seen in pregnancy and are becoming important issues in the management of pregnant women. The incidence of venous thromboembolism (VTE) in pregnancy (0.05-1.8 percent) is further increased in women with thrombophilia. Approximately half of all VTE episodes in pregnant and postpartum women are associated with the presence of inherited thrombophilic anomalies. These include factor V Leiden, the prothrombin G20210A mutation, antithrombin III deficiency or protein C and protein S deficiencies. Women presenting with acute venous thromboembolism, or who have a history of VTE and are known to have hereditary thrombophilia or antiphospholipid syndrome, should receive anti-thrombotic therapy throughout pregnancy and during the puerperium. Women with thrombophilia who have no history of VTE require individualized management, based on the type of defect, the family history and the presence of additional risk factors. The presence of thrombophilia or antiphospholipid syndrome raises questions regarding the type, dose and duration of anti-

thrombotic therapy during pregnancy and the puerperium and consideration of the thromboprophylactic strategy for future pregnancies. Oral anticoagulants are seldom employed in pregnancy because of significant side-effects. Heparin has been the thromboprophylactic agent of choice, but low molecular weight (LMW) heparins are increasingly replacing unfractionated heparin in the prevention and treatment of VTE. LMW heparins are not teratogenic or fetotoxic and do not cross the placenta and their administration throughout pregnancy has been associated with few adverse effects. A high incidence of thrombophilia including the G4/G4 polymorphism in PAI-1 and antiphospholipid syndrome has been described in women with obstetric complications, commonly associated with microvascular thrombosis in placental blood vessels. Recent studies show that acquired or hereditary thrombophilia occur in almost two thirds of women presenting with recurrent miscarriages, pre-eclampsia, intrauterine growth restriction, abruptio placentae or stillbirth. LMW heparins may have a role in improving the outcome of pregnancy in women with previous obstetric complications.