

Tests for a diagnosis of anti-phospholipid syndrome (Hughes syndrome)

This leaflet has been written to provide you with information following the above tests. If you are unsure about anything then please contact the screening coordinators.

Introduction

The NHS Website has the following information:

- To diagnose anti-phospholipid syndrome (APS), the blood needs to be tested for the abnormal anti-phospholipid antibodies that increase the risk of blood clots. This requires a blood test specifically designed to look for these antibodies.
- A diagnosis of APS can only be made after two abnormal blood test results, with at least a 12-week gap between them.
- This is because harmless anti-phospholipid antibodies can sometimes develop in the body for short periods of time. Usually this is a result of an infection or a side effect of medication, such as antibiotics.
- If anti-phospholipid antibodies are identified during the first blood test, another test will be needed at a later date to confirm whether the abnormal antibodies are still present.

What is being tested? (Taken from the NHS recommended website [LabTestsOnline.org](https://www.labtests.org))

Anti-phospholipid antibodies are a group of immune proteins (antibodies) that the body mistakenly produces against itself in an autoimmune response to phospholipids. Tests can detect these autoantibodies that bind to phospholipids and, in a way that is not well understood, increase the risk of excessive blood clotting.

Several tests are available, including:

- Cardiolipin antibodies (anti-cardiolipin antibodies).
- Lupus anticoagulant assays, these include activated partial thromboplastin time (aPTT), dRVVT (dilute Russell viper venom time), kaolin (or silica) clotting time, and PTT mixing tests.
- Beta-2 glycoprotein 1 antibodies.

Phospholipids are structural components of cell membranes and play a crucial role in blood clotting. Phospholipids are critical to platelet function in addition to various coagulation co-factors. When anti-phospholipid antibodies are produced, they interfere with the clotting process. They increase an affected person's risk of developing recurrent inappropriate blood

clots (thrombi) in arteries and veins, which can lead to strokes, heart attacks, and/or miscarriages.

Anti-phospholipid antibodies are also associated with low platelet counts (thrombocytopenia) and with the risk of recurrent miscarriages (especially in the second and third trimester), premature labour, and pre-eclampsia.

What medication should I have in pregnancy if I have APLS?

We advise women who have had two positive tests, and therefore have this condition, to take aspirin and a low molecular weight heparin (by injection) once they have a confirmed live pregnancy and to continue with injections until six weeks after the baby's birth. At the RBH we advise 75mg aspirin and 40mg of Clexane. Aspirin can be started before the first scan. More information is available from www.nhs.uk/conditions/antiphospholipid-syndrome/treatment. For women who have had just one positive test before a new pregnancy is confirmed, you will be given individualised advice from the Rainbow Care team here.

This document can be made available in other languages and formats upon request.

Author: Jane Siddall, Consultant Obstetrician (Aug 2018)

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