

Abstract

OBJECTIVES: To put together salient clinical and laboratory manifestations and also to highlight the pathophysiology and principles of management of lupus anticoagulants syndrome.

DATA SOURCES: Publications, original and review articles, conference abstracts searched mainly on PubMed indexed for Medline.

DATA EXTRACTION: A systematic review to identify studies relating to lupus anticoagulants, clinical, laboratory, pathophysiology and management. Only data relevant to the objectives of the review were extracted.

DATA SYNTHESIS: A detailed qualitative assessment was undertaken given the heterogeneity of study types making it not appropriate to pool results across studies.

CONCLUSION: It is demonstrated that lupus anticoagulants (LA) are associated with thrombotic events, recurrent foetal loss and female infertility and also occasionally with bleeding due to thrombocytopenia or hypoprothrombinaemia. LA interferes with phospholipid dependent laboratory test of coagulation and the test are not corrected by addition of normal plasma. False positive antiphospholipid antibody test is noted frequently in patients. LA has been detected in all races and geographical regions in the world. The treatment involves use of corticosteroids, anticoagulants, immunoglobulins and occasionally cytotoxic drugs and plasmapheresis long-term prophylaxis and follow up of patients with IgG antiphospholipid antibodies are recommended. Screening for LA considered in patients with unexplained; thrombotic events, foetal loss and bleeding.