DOWNLOAD PDF AUSTRALIAN NATIONAL MEETING ON LUPUS ANTICOAGULANT

Chapter 1 : Cerebrovascular disease associated with antiphospholipid antibodies: more questions than ans

The detection of lupus anticoagulant is important in laboratory evaluation of patients with thrombotic tendencies. The aim of this workshop was to assess the effectiveness of Australian laboratories in detecting these antibodies and assess the tests used. Fourteen laboratories took part in the.

Dubai, UAE Antiphospholipid syndrome As per available reports about 1 relevant journals , 15 Conferences , 30 workshops are presently dedicated exclusively to breathing disorder and about 2, articles are being published on breathing disorder. Antiphospholipid syndrome or antiphospholipid antibody syndrome APS or APLS , or often also Hughes syndrome, is an autoimmune , hypercoagulable state caused by antiphospholipid antibodies. APS provokes blood clots thrombosis in both arteries and veins as well as pregnancy-related complications such as miscarriage , stillbirth , preterm delivery , and severe preeclampsia. The diagnostic criteria require one clinical event, i. Primary antiphospholipid syndrome occurs in the absence of any other related disease. Secondary antiphospholipid syndrome occurs with other autoimmune diseases, such as systemic lupus erythematosus SLE. In rare cases, APS leads to rapid organ failure due to generalised thrombosis; this is termed " catastrophic antiphospholipid syndrome " CAPS and is associated with a high risk of death. The conference series website will provide you list and details about the conference organize worldwide. Antiphospholipid syndrome may cause blood clots to form in your leg veins, a condition known as deep vein thrombosis DVT. Antiphospholipid syndrome may also cause blood clots to form in organs such as your kidneys or lungs. Damage depends on the extent and location of the clot. For instance, a clot in your brain can cause stroke. One third of strokes occurring in younger people under the age of 50 are due to APS. APS Foundation of America 2. Hughes Syndrome Foundation 3. National Organization for Rare Disorders 4. The Society of Critical Care Medicine 5. Indian society of critical care medicine 6. Michigan State Medical Society 7. European society of critical care medicine 8. Royal Soceity of Medicine Michigan State Medical Society National Institute of Health Garfield Weston Foundation National Institute of Allergy and Infectious Diseases Royal Pharma Society

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Chapter 2 : Lupus Anticoagulant Testing | American Journal of Clinical Pathology | Oxford Academic

A Lupus Anticoagulant Workshop was conducted as part of the Annual Scientific Meeting of the Australian Institute of Medical Laboratory Scientists in September in Perth. Part of this workshop involved the testing of unknown lyophilized plasmas which were sent to the participants prior to the meeting.

Rheumatology Rheumatology is the investigation of stiffness, joint pain, and different issue of the joints, muscles, and tendons. Rheumatology is multidisciplinary in nature and it depends on cozy associations with other medicinal claims to fame. A Doctor who got further preparing in the conclusion identification and treatment of musculoskeletal infection and systemic immune system conditions ordinarily alluded to as rheumatic maladies is known as rheumatologist. Regular ailments treated by rheumatologists incorporate osteoarthritis, gout, rheumatoid joint inflammation, ceaseless back agony, tendinitis, and lupus. In the most recent decade, rheumatology has turned into an extremely energizing field for rheumatologists and their patients. Noteworthy headways have been made in the treatment of some of our conditions, which means patients with rheumatic illnesses are encountering less agony, less aggravation, less perpetual harm and better personal satisfaction. It is an energizing time in rheumatology and we can expect significantly all the more energizing revelations and treatments over the coming years. Related Societies European Rheumatology Societies: Soft Tissue Rheumatism Is the total of clinical issues identified with ligaments, tendons, sash and bursae? They regularly present as a provincial issue. Delicate tissue ailment is a standout amongst the most well-known and most misconstrued categories of disarranges confronting the essential care doctor. Blended connective tissue illness has signs and indications of a mix of scatters â€" essentially lupus, scleroderma and polymyositis. Therefore, blended connective tissue illness is some of the time alluded to as a cover sickness. Tennis elbow or lateral epicondylitis is a condition in which the external piece of the elbow winds up plainly sore and delicate, tennis elbow is an intense or constant aggravation of the ligaments that join the lower arm muscles outwardly of the elbow. The lower arm muscles and ligaments end up plainly harmed from over utilizes. Myositis is the irritation and degeneration of muscle tissue. Half of the tennis players are influenced by tennis elbow amid their professions. Finding legitimate medicines and care measure is a high need. Orthopedic Biomechanic Research Orthopedic surgery is the branch of surgery worried about conditions including the musculoskeletal framework. Orthopedic specialists utilize both surgical and nonsurgical intends to treat musculoskeletal injury, sports wounds, degenerative illnesses, diseases, tumors, and intrinsic issue. An orthopedic specialist is a specialist who has been taught and prepared in the analysis and preoperative, agent, and postoperative treatment of ailments and wounds of the musculoskeletal framework. Orthopedic specialists work intimately with other medicinal services suppliers and regularly fill in as advisors to different doctors. Orthopedic specialists regularly are included in instruction or research. They may rehearse in an orthopedic or multi-forte gathering, or in a performance hone. Orthopedic administrations, is the therapeutic strength that includes the treatment of the musculoskeletal framework. Orthopedic Recovery Authorities give orthopedic and sports exercise based recuperation to people. Rheumatoid Arthritis Rheumatoid joint inflammation is an endless, systemic provocative issue that basically influences joints. It happens when the resistant framework assaults your own tissues and causes joint torment, swelling, and firmness. It might bring about twisted and difficult joints, which can prompt loss of capacity. The illness may likewise have signs and side effects in organs other than joints. The reason for rheumatoid joint inflammation is not totally caught on. The procedure includes irritation and fibrosis of the case around the joints. It likewise influences the hidden bone and ligament. Medicines incorporate both prescription and non-pharmacological measures - the objective being to control joint aggravation and anticipate joint harm and handicap. The reasons for rheumatoid joint inflammation are not totally caught on. Adolescent rheumatoid joint pain is the most widely recognized kind of joint pain in kids less than 17 years old. It causes steady joint torment, swelling and firmness. A few youngsters may encounter side effects for just a couple of months, while others have side effects for whatever

remains of their lives. A few sorts of adolescent rheumatoid joint inflammation can cause genuine confusions, for example, development issues and eye irritation. It is utilized as a part of the treatment of rheumatic joint inflammation. Quality articulation has as of late been at the front line of progress in customized medication, outstandingly in the field of disease and transplantation, giving a reasonable to a comparative approach in rheumatoid joint inflammation. Arthritis Joint inflammation is a type of joint issue that includes irritation of at least one joints. There are more than distinct types of joint inflammation. The most widely recognized type of joint inflammation is osteoarthritis, degenerative joint ailment , an aftereffect of injury to the joint disease of the joint or age. Different joint inflammation shapes are rheumatoid joint pain, Septic joint inflammation, Adolescent Idiopathic joint pain. Osteoarthritis harms ligament, the cushiony material on the finish of the bones. As it wears out, joints hurt and it ends up plainly hard moving. It more often than not influences the knees, hips; bring down back, neck, fingers and feet. In osteoarthritis, the ligament in the knee joint bit by bit wears away, it ends up noticeably frayed and harsh and the defensive space between the bones diminishes. This can bring about bone rubbing on bone and deliver excruciating bone goads. While it can happen even in youngsters, the odds of creating osteoarthritis ascend after age As indicated by the Joint inflammation Establishment, more than 27 million individuals in the U. Ladies will probably have osteoarthritis then men. Adolescent idiopathic joint inflammation, the most well-known joint pain in adolescence, causes agony, swelling and loss of joint capacities and might be joined by fever and rashes. The essential objectives of treating osteoarthritis of the knee are to soothe the agony and return versatility. The treatment design will regularly incorporate a blend of weight reduction, work out, torment relievers and calming drugs, infusion of corticosteroid into the knee, utilizing gadgets as props and surgery. Till now the exact cause of lupus is unknown, although heredity, viruses, ultraviolet light, and drugs may all play a role. Lupus is one of the scatters of a resistant framework that are unending in nature. It is an immune system infection which can influence any piece of the body skin, joints or any organ inside the body. It is more common in women than in men, and although it occurs in all ethnic groups, it is most common in people of African descent. Because lupus affects different people in different ways, it can be hard to diagnose. But early treatment is essential to prevent progression of the disease. A rheumatologist can provide treatment for lupus , and this treatment has two objectives: Diagnosis for Rheumatic Disorders Musculoskeletal ultrasonography has turned into an imperative indicative device in rheumatoid joint pain. In Germany it is a piece of the rheumatology preparing, and numerous ultrasound courses give facilitate instruction. Just over the most recent five years the global significance of ultrasound in rheumatology has expanded drastically. Sonography can be executed as a bedside system and as an expansion of the clinical examination. It is effectively endured by the patients, and it can be rehashed whenever. The reason for the Schober test is to mirror the lumbar ROM amid flexion. An Arthrogram is a symptomatic test which inspects within a joint to evaluate damage or a side effect you might be encountering. The test is finished by first infusing contrast which traces the delicate tissue structures in the joint e. This is typically done utilizing fluoroscopy. Different instruments and systems accessible, for example, cytopathology and synthetic pathology, MR Arthrography , low bone marrow thickness and its connection with the sickness, sonography and malady action estimations in rheumatoid joint pain will be talked about under this track. A few, similar to osteoarthritis, are the consequence of wear and tear. Others, for example, rheumatoid joint inflammation, are safe framework issues. Treatment design will probably incorporate prescriptions, general exercise, and a sound eating regimen, push administration, and rest. Lupus erythematosus is a name given to an accumulation of immune system sicknesses in which the human resistant framework winds up plainly hyperactive and assaults ordinary, solid tissues. Rheumatic fever is a fiery illness that can include the heart, joints, skin, and cerebrum. Numerous rheumatic ailments are unending conditions. They are probably not going to leave. There may not be a cure for our condition, but rather viable administration is accessible for most. Many individuals with rheumatic ailment lead upbeat, fulfilling lives quite a long time. As its name advocates, an orthopedic mattress has been influenced by the medical study of Orthopedics which emphases on disorders or defects of the spine and joints. The main function of orthopedic

shoes is to provide more care for the feet and ankles than is accomplished by simple footwear. It can arise from the contact of physical factors with ergonomic, psychological, social, and occupational factors. When a worker is wide-open to MSD risk factors, they begin to fatigue. Over time, as fatigue endures to outrun recovery and the musculoskeletal imbalance persists, a musculoskeletal disorder develops. The severity of MSDs can vary. In some cases, they cause pain and discomfort that interferes with your everyday activities. Early diagnosis and treatment may help ease your symptoms and progress your long-term outlook. In some cases, the symptoms of MSDs interfere with everyday tasks, such as walking or typing. You may develop a limited range of motion and have trouble completing your routine activities. The idea of autoimmunity is abstractly similar to play-fighting. The play-fighting of young cubs TCR and self-MHC may result in a few scratches or scars low-level-autoimmunity , but is valuable in the long-term as it primes the young cub for proper fights in the future.

Chapter 3 : Australian National Football Council - Wikipedia

The detection of lupus anticoagulant is important in laboratory evaluation of patients with thrombotic tendencies. The aim of this workshop was to assess the effectiveness of Australian laboratories in detecting these antibodies and assess the tests used.

View All Biography Fatih M. Uckun has more than 30 years of professional experience in developmental therapeutics and biopharmaceuticals. He has held executive positions in multiple biotechnology companies and has extensive relevant regulatory experience. In particular, he served as the IND-sponsor for experimental drugs and biologics. He has published more than peer-reviewed papers and he has authored numerous review articles and book chapters. Deeg treats bone marrow failure such as aplastic anemia and blood cancers, such as myelodysplastic syndrome, leukemia and myelofibrosis. He believes that a central part of good patient care is close collaboration between members of a multidisciplinary team. After completing medical school in his home country, Germany, with the encouragement of a professor whom he admired, Deeg traveled to the United States where he completed internship and residency training at the University of Rochester School of Medicine. He arrived in June However, quoting a favorite poet, David Whyte, "10 years ago I turned my face for a moment, and it became my life. Deeg enjoys writing and communicating about his research, which centers on understanding how leukemia develops, and mentoring young people who come through the fellowship program. He finds both aspects of his career rewarding and productive. Working for the good of his patients, Deeg believes that people appreciate openness, while being gentle and polite, of course. Patients do not want sugar-coating; they want honesty and partners in their care. Bloomfield earned her MD at the University of Chicago and completed training in internal medicine and medical oncology at the University of Minnesotaâ€”where she became a full professor in She has been engaged in over 40 years of ground-breaking research in adult leukemia and lymphoma, resulting in over publications. He also served as the Christian R. He was also an attending hematologist at Georgetown University Hospital and a Department of Pathology staff member. Sacher has authored over two hundred scientific journal articles, chapters and abstracts and is the author of 17 books. Born in Johannesburg, South Africa, he received his undergraduate and medical degrees from Witwatersrand University in Johannesburg. Currently , he is working as director of Aden Oncology Center and head of hematology and clinical laboratory in Faculty of Medicine, University of Aden and general secretary of Yemen Cancer Society. He is serving as an editorial member of several journals land has authored or co-authored many articles in a great variety of journals and has delivered lectures at many conferences and institutions in Yemen and internationally and referee for national and international journals. Land completed his pathology residency and transfusion medicine fellowship at UT Southwestern. He is passionate about patients and the people who serve them, having clinical experience from donor to patient. He is joined Blood Systems in June Dr Land heads the clinical services side of Blood Systems, which includes cell therapy, cord blood, therapeutic apheresis, immunotherapies, HLA, and immunohematology reference laboratories. Moreb is a professor of medicine within the division of hematology and oncology. He serves as director of the hematological malignancies stem cell transplantation program and physician scientist who maintains basic and clinical research expertise. He is well published with a focus on multiple myeloma and stem cell transplantation. For over a decade, he worked as the director then the medical director at the Center for Allogeneic Stem Cell Transplantation at the Huddinge University Hospital in Stockholm. He has been the tutor of 47 PhD theses and 18 Post docs. Biography Hans-Jochem Kolb graduated in Medicine from the University of Munich, Germany in , received approbation as physician in , board of Internal Medicine in , of Hematology and Oncology in Doctoral thesis on sublethal conditioning in , thesis for habilitation Privat-Dozent in on experimental and clinical marrow transplantation, Professor of the University of Munich C2 , and Prof. Professor Kolb directs an active allogeneic stem cell transplant unit, one of the largest in Germany, specialising in donor lymphocyte infusions DLI for generating a graft versus leukaemia effects in

transplant recipients. His research interest includes genetic and acquired thrombophilic disorders, therapy of acute leukemias and Ph-negative myeloproliferative neoplasms. He has been interested in the optimisation of Polycythemia Vera and Essential Thrombocytemia therapy and has been the principal investigator in several academic clinical trials Biography Feng-Chi Ho is expertise in clinical oncology and herbal remedies for over 30 years that especially in ending stages of the patients with cancers. He is currently working at Canada Cancer Society as a Consultant. After qualifying in medicine in from J. He also established central biobank for the Czech Republic. His research interests include MM, bone marrow transplantation, and immunotherapy. Dr Hajek is also interested in finding new prognostic and predictive markers for high risk MM, as well as for the progression of monopathic gammopathies of undetermined significance MGUS to MM. Biography Vivek Roy, M. D is a hematologist-oncologist specializing in hematologic malignancies and stem cell transplantation, with over 40 years of both clinical and research experience. As a researcher, Dr. Roy has studied hematopoietic stem cells in the laboratory characterizing the stem cells obtained from disparate sources marrow, blood, cord blood. Currently, his research activities are focused on improving clinical outcomes of hematopoietic stem cell transplantation and investigating novel therapies of multiple myeloma and amyloidosis. He had over research papers, abstracts, book chapters and publications. Additionally, he has been involved in medical education his entire career and have mentored several fellows who are now in leading positions around the country. He has published varies papers in reputed journals and served as editorial board member for British Society for Haematology, British Society for Haematology. He has received national and international awards. She is a recognized expert in vascular biology of sickle cell disease, giving many invited papers at both national and international meetings, and multiple universities. Her research interests are to elucidate the role of proteins of the red cell membrane involved in adhesive functions of these cells promoting vascular occlusion in sickle cell disease. She is also interested in exploring mechanisms of activation of coagulation pathways during aging. During the last decade, her research focuses on identifying potential therapeutic targets within the adhesion-related signaling pathways in sickle red cells, and illustrating the role of small non-coding RNAs in vascular injury in sickle cell disease. Her work has shed the light on the importance of multiple kinases as a direct cause of sickle cell adhesion, activation of leukocyte, and vaso-occlusion. Zennadi has published more than 25 peer reviewed papers, she is named inventor on three patents, and she served as a reviewer for multiple high impact journals. Her research was funded by the national Institute of Health, many foundations, as well as pharmaceutical companies. He got his MD at the University of Hamburg in Li has long-term experiences in the development of retroviral vector systems for gene transfer into hematopoietic stem cells HSCs , preclinical gene therapy trials, and leukemogenesis research. He reported for the first time leukemia development after gene therapy in a mouse model Li Z et al. His group in Hannover Medical School is currently interested in understanding how receptor protein tyrosine kinases PTKs contribute to leukemia development. Receptor PTKs are often deregulated in human cancers and may be important for self-renewal of cancer stem cells. Thus, receptors PTKs represent attractive targets for selective molecular therapy. His group has obtained evidence for a previously underestimated role of NT signaling in leukemogenesis Li Z et al. Hegazi received his masters degree in , and his PhD in Hegazi organized and contributed to national and international research projects since and up till now; he has been the principal investigator on multiple research projects within the National Research Center. He has published scientific papers and articles in national and international journals. He also served on the board of multiple national and international scientific journals. Her research studies have concerned the investigation of the molecular pathogenesis of myeloid malignancies, with a focus on the myelodysplastic syndromes MDS. Her work has made a significant contribution to the determination of the molecular pathogenesis of several subtypes of MDS including the 5q- syndrome and refractory anaemia with ring sideroblasts. Her study of the MDS transcriptome has yielded valuable insights into the molecular pathophysiology of MDS, and has identified new prognostic markers and therapeutic targets for this disorder. Most recently she has identified the key target genes and dysregulated pathways associated with the common

splicing factor gene mutations in MDS. She has served on several advisory committees and is a member of numerous Editorial Boards of scientific journals. Biography Momiao Xiong completed his Ph. D in and postdoctoral studies from University of Southern California. He has published more than papers and served as editorial board member for a number of Journals. She has published more than papers in reputed journals and has been serving as an editorial board member of repute. She was an supervisor on more than 56 MD and master thesis, and discussed more than MD and master thesis. In she obtained her PhD in medical sciences at Zaragoza University Zaragoza, Spain with a thesis on erythropoiesis and differential diagnosis of anemia. She is an expert of the Spanish Science and Innovation Ministry, in the Agency for Assessment of new technologies and the Health Research Council for the validation of research projects of the Czech Republic and Argentina. He has a Member in the higher promotion committee of the Egyptian board of pediatric for the university staff, Member of the advisory board in the Egyptian Journal of Hematology. Her training and research interests are in basic and clinical immunology with emphasis on T-cells and cytokines and their functions and malfunctions in immunopathology including autoimmunity, transplantation, infectious diseases and neoplasias. She is the recipient of 26 research grants and has published papers. His research interests are the red blood cell storage lesion, the erythrocyte aging and red blood cell programmed cell death, eryptosis in vivo, ex vivo and in vitro. Kriebardis has study the red blood cell apoptosis, aging and clearance using monoclonal antibodies and annexin V. Also, by flow cytometry he is able to detect microparticles and he can characterise these. He has published more than 33 papers H-index 17 and served as editorial board member for American Association of Blood Banks, International Society of Blood Transfusion.

Chapter 4 : Persistent LAC Positivity Associated With Higher Vascular Damage Scores in AAV

The detection of lupus anticoagulant is important in laboratory evaluation of patients with thrombotic tendencies. The aim of this workshop was to assess the effectiveness of Australian.

Advanced Search Abstract Lupus anticoagulant LAC testing is important for evaluating patients with antiphospholipid syndromes and hypercoagulable states. The highest false-negative confirmatory test results were obtained for the platelet neutralization procedure. These data provide new insights into LAC testing in North America and identify opportunities for standardization. Lupus anticoagulant , Proficiency testing , Activated partial thromboplastin time , Dilute Russell viper venom time Laboratory testing for the presence of a lupus anticoagulant LAC is integral to the diagnosis of patients with antiphospholipid syndromes and hypercoagulable states. False-negative results have been reported if plasma is not sufficiently platelet poor, and dilutional effects of mixing studies variably impact detection of a weak LAC. The guidelines also suggest ruling out other coagulopathies. Despite existing recommendations, 13 there continues to be a lack of uniformity among laboratories with regard to local testing protocols and procedures and to result interpretation. The present study was designed to evaluate LAC testing performance and practices by North American clinical laboratories, using results from 4 consecutive proficiency testing challenges distributed in and 1 proficiency testing challenge in To our knowledge, this is the first analysis specifically focused on clinical laboratories in the United States and Canada. The results provide important insights into LAC testing and identify opportunities for continued efforts at standardization. The organization creates a forum for the critical evaluation of coagulation testing procedures and practices to aid in developing guidelines for appropriate use, performance, and interpretation of coagulation tests and results. The present study focused on LAC testing practices and performance by analyzing results from 4 consecutive proficiency testing surveys distributed in and 1 in The number of participating laboratories varied per survey, with 46 to 53 laboratories submitting results. No clinical information was provided. Proficiency testing sample characteristics were as follows: Sample was a commercial pool lot No. Sample was plasma obtained from a single female donor with a medium-titer LAC but no history of thrombotic events. Sample represented a commercial plasma pool lot No. Sample consisted of a single donor plasma sample with medium-titer LAC obtained from a female patient with no reported history of thrombotic events. This plasma sample was diluted with normal pooled plasma in a ratio of 4: Finally, sample represented a normal plasma pool containing no LAC. Participating laboratories were asked to analyze each proficiency testing sample according to their local LAC testing protocol. Each laboratory reported results for screening, mixing, and confirmatory tests and included an overall assessment of the presence or absence of LAC. Results for assay and method combinations reported by 3 or more participants were included in the analysis. Results for improbable assay and method combinations, eg, kaolin recalcification time performed with an activated partial thromboplastin time APTT reagent containing ellagic acid, representing postanalytic error, were excluded. Only results reported by participants as clotting times in seconds were evaluated. Isolated laboratories exclusively reported clotting time ratios relative to reference plasma for screening, mixing, and confirmatory testing. The mean and standard deviation SD were calculated for numeric data. Screening test results were compared with results obtained with local reference plasma samples by using an unpaired Student t test. A P value of. For purposes of this study, results of mixing studies were compared by calculating the index of circulating anticoagulant ICA , also known as the Rosner Index, 15 based on data provided by participants. In the absence of knowing individual laboratory cutoffs, an ICA greater than 15 was considered indicative of an LAC, as originally proposed by Rosner et al. Overall assay performance was evaluated by comparing false-positive and false-negative rates. Finally, compliance with LAC testing guidelines 13 , 14 was assessed based on result reporting patterns. The data provided insight into the number and type of screening tests performed and compliance with mixing and confirmatory study recommendations. In addition, the impact of compliance with LAC testing guidelines on overall accuracy of

final result interpretations was examined. Results Results of LAC testing panels were evaluated. These were submitted by 46 to 53 laboratories for 5 proficiency testing challenges. Samples containing strong and weak , , and LAC and a normal plasma sample were analyzed. LAC testing was performed using a variety of assay and method combinations. The most frequently used combinations are listed in Table 1 and represent automated methods. Owing to the large number of assay types and methods relative to the number of reporting laboratories, further subanalysis of data by instrumentation did not have sufficient statistical power. Major screening test results for proficiency challenges considered in the present study are summarized in Table 2. Results were compared by assay and method combinations. Although mean clotting times varied, screening test results were relatively tightly distributed around the mean for each assay-method combination. As expected, the greatest screening test prolongation was observed for sample , which contained the strong LAC. Conversely, the least prolongation was observed for sample , normal plasma. Greater variability was noted in the ability of different assay and method combinations to identify intermediate- and low-titer LAC in samples , , and

Chapter 5 : Detection of lupus anticoagulant--an Australian perspective.

DETECTION OF LUPUS ANTICOAGULANT - AN AUSTRALIAN a Workshop of the National Meeting of Australian Medical Labora- The lupus anticoagulant (LA) is a.

Open in a separate window Only four patients in this group have had further thrombotic episodes since warfarinisation. The four individuals were on long-term warfarin but in all four cases the INR had fallen to less than 3. Three of these patients had additional arterial thrombotic events. One presented with both a stroke and pulmonary embolus, while two patients had further strokes and these have been included in the study. The last patient presented with a deep venous thrombosis involving the right lower limb. On repeat testing antiphospholipid antibodies could not be detected in any of these patients by all assays currently performed in our laboratory. Where possible these tests were performed at least six weeks after the initial tests, but in some cases were performed up to one year after initial testing. Repeated assays including LAC have remained negative and all of this group have been tested on four separate occasions albeit at differing time intervals. Only one in this group had a potential cause identified for the presentation with documented intercurrent infection. Streptococcus viridans was isolated from blood cultures and mitral valve vegetations demonstrated at echocardiography. This patient was therefore excluded from further analysis and is not included in the table. In this group, three patients received either low dose aspirin or clopidogrel where aspirin was contraindicated. Within this particular group there were no clear distinguishing factors on the basis of the clinical presentation. Six of the twelve individuals experienced two distinct neurological events. Within the group of twelve, six had additional risk factors for vascular disease of which five had one or two associated risk factors for vascular disease, respectively. Four of the six individuals with additional risk factors had radiological evidence of completed strokes. The majority of individuals in this group have continued on low dose aspirin. Discussion The three different groups of patients described emphasise a number of problems that exist in relation to the occurrence of cerebrovascular disease and antiphospholipid antibodies. Current standard practice for patients with APS is to recommend indefinite anticoagulation with warfarin. This is derived from a limited experience with arterial thrombosis, a much larger and more definitive experience with venous thrombosis and the observations by many groups that these patients are prone to recurrent cerebrovascular events which, in principle, should be preventable [11 , 12]. In these studies venous and arterial disease is not clearly separated and comparison between different forms of recurrence prevention is limited [18]. Aspirin Recurrent Stroke Study WARSS does not provide answers for the management of the syndrome but challenges the current practice of long duration warfarin. However, the patients in this study were not representative of those described here, or in other series of cerebrovascular disease and APS. They were generally of advanced years, the aCL cut-off was much lower than the Sapporo criteria demand and the target INR of 2. While the subgroup of patients with both LA and aCL had a greater risk for thrombo-occlusive events and appeared to derive benefit from warfarin, no other group did, nor did the patients overall [19]. Patients with embolic disease were excluded from WARSS and this study and most others provide little guidance on how to deal with the patients reported here, especially the problem of how to prevent recurrent ischaemic events. There is no guidance on how to approach a patient as a primary event and whether early diagnosis and management will make a difference to the ultimate outcome. Currently, the diagnosis is generally made after the critical cerebrovascular event is well under way, often recovering. To seriously consider how to manage these patients acutely the diagnosis would have to be appropriately acute as well. The three groups here raise some very interesting questions. Twenty-six patients satisfy the Sapporo criteria and are quite similar to other such series of patients described previously. The range of antibody tests and the nature of the cerebrovascular lesions has the same broad spectrum as has been previously described [6 , 15]. Based on previous experience, steps need to be taken to reduce the recurrence rate and in this series warfarin was generally used unless contraindicated. This is in agreement with the practice of others [11 , 12 , 20] although there is no clear consensus as to the

optimal treatment of these patients [21] with the findings of Crowther et al [22]challenging the need for high intensity anticoagulation, demonstrating that the absolute risk of recurrent thrombosis was low where the INR was maintained at 2. A more recent by Finazzi et al[23] reported similar results with high-intensity warfarin INR 3. Both of these studies however, excluded patients with a history of recurrent thrombosis anticogulant therapy and therefore looked at a group likely to be a lower risk of recurrent events. It is unclear from the second study as to how frequently those allocated to the high intensity group were sub-therapeutic but the mean INR of 3. These studies therefore do not necessarily refute the findings of previous groups that high intensity warfarin may confer a benefit in those at high risk of recurrent thrombosis. In our group however, 3 of the 8 patients developed further thrombotic disease while on low dose aspirin, two had recurrent strokes while the third had a spontaneous deep venous thrombosis. All three were subsequently treated with warfarin. However, it is difficult to draw conclusions based on on our study or those of al-Sayegh [27] and Derksen [28], due to their small size and lack of statistical power. At the initial presentation, it would be reasonable to manage them in the same way, that is, anticoagulate, however with follow-up, this was probably unnecessary as the antibodies proved short-lived and the Sapporo classification criteria were not met. An alternative approach would be to wait in all patients until the Sapporo criteria are met â€" that is, defer a decision on definitive anticoagulation for six weeks. Either way, when faced with the patient, especially a young patient, with a cerebrovascular event and a criteria-positive antiphospholipid antibody there is clearly a dilemma. This subgroup which we believe has not been so clearly defined before would have to be considered in any future therapeutic study. The third group also poses a problem and do not fulfill the classification criteria for antiphospholipid syndrome, as the antibody levels are insufficient to meet the Sapporo criteria. Those without radiological abnormalities might have had migraine equivalents, but the other patients, about half with definite radiological abnormalities and low level antibodies, had very few other risk factors. While two patients within this group were given six months of warfarin, the remainder were treated with low dose aspirin. None of these patients have had a recurrence to date, with a variable follow-up of 16 months years. What indeed did they have and how should they be managed? Although in serological terms these patients resemble those of the APASS study [19], they are generally much younger. In the Stroke Prevention in Young Women Study [32], where the population studies included women aged between 15 and 44 years of age presenting with a first episode of ischaemic stroke, the presence of any anticardiolipin isotype or LA was associated with an increased risk of recurrent stroke with an overall relative odds ratio OR of 1. However, antiphospholipid studies were only performed on one occasion and in some cases at a time distant to the stroke. The third group reported here is hard to directly compare to these patients, but could potentially overlap substantially with the patients described by Brey et al [32], where over half the patients had low positive antiphospholipid antibodies. Although excluded from the Sapporo criteria these patients would be important in any future study, warfarin was rarely used in patients in this group in our series. This study has several limitations as it is essentially a descriptive study and is therefore open to bias given that the authors were not blinded when assessing the patients included in the study. The utility of the data is also hampered by a lack of standardisation in the approach to treatment. The assays used for assessing for the presence of aCL changed in and it is possible that some individuals may have become negative because a different assay was used. Additionally, in some individuals, the diagnosis was based on collection of retrospective data and there is no comparative group without antiphospholipid antibodies resulting in further sources of potential bias. However, a strength of this study is that it represents what is actually done in a tertiary care centre in the face of conflicting evidence. We believe that such experience is worth reporting, reflecting as it does the realities of medical practice and serving as a useful adjunct to the gold standard randomised, double blinded trial. We conclude that in our population, this combined retrospective and prospective analysis, confirms that recurrent events occur in young patients with cerebrovascular events and antiphospholipid antibodies. It does not provide information about the optimum method of preventing recurrence. Ultimately we believe there must be a much larger study of treatment and secondary prevention studies in stroke, with either emergency diagnosis

of phospholipid antibody status, or a nested part of a much larger study with stratification of patients into at least the three categories described here. Competing interests The author s declare that they have no competing interests. All authors read and approved the final manuscript. Acknowledgements Thank you to Jackie Pratt Diagnostic Haematology for reviewing the methods for detection of lupus anticoagulants and also to Gloria Spyrolopoulos Medical Records for providing the numbers of patients admitted to The Canberra Hospital with stroke over the time of this study. The "primary" antiphospholipid syndrome: Major clinical and serological features. Clinical and immunological manifestations and patterns of disease expression in a cohort of 1, patients. Features of patients with raised anticardiolipin antibodies and no other disorder. A phospholipid-betaglycoprotein I complex is an antigen for anticardiolipin antibodies occurring in autoimmune disease but not with infection. Inflammatory response and endothelium. Cerebrovascular and neurologic disease associated with antiphospholipid antibodies: Neurological syndromes associated with antiphospholipid antibodies. Features associate with epilepsy in the antiphospholipid syndrome. The management of thrombosis in the antiphospholipid-antibody syndrome. N Engl J Med. Clinical course after the first thrombotic event in 70 patients. International consensus statement on preliminary classification criteria for definite antiphospholipid syndrome: Report of an international workshop. Natural evolution of moderate sleep apnoea syndrome: Significant progression over a mean of 17 months. Criteria for the diagnosis of lupus anticoagulants: Simplified screening procedure for detecting lupus inhibitor. Consensus guidelines on anti-cardiolipin antibody testing and reporting. Answers to the antiphospholipid syndrome. Bleeding and recurrent thrombosis in definite antiphospholipid syndrome. Stroke and the antiphospholipid syndrome: A comparison of two intensities of warfarin for the prevention of recurrent thrombosis in patients with the antiphospholipid antibody syndrome. A randomized clinical trial of high-intensity warfarin vs. Stroke and antiphospholipid syndrome: Major bleeding during the anticoagulation after cerebral ischemia: Patterns and risk factors. Hemorrhagic complications of long-term anti-coagulant therapy in 7 patients with systemic lupus erythematosus and antiphospholipid syndrome. Low dose aspirin after ischemic stroke associated with antiphospholipid syndrome. Serum anti-beta2-glycoprotein-I and anticardiolipin antibodies during thrombosis in systemic lupus erythematosus patients. Survival and recurrence following stroke. Long-term risk of recurrent stroke after a first ever stroke.

Chapter 6 : Lupus Australia, Queensland Inc

lupus erythematosus (SLE), renal dysfunction, and LA were identified over a year period (LA group) and 32 patients with renal SLE but with normal gross coagulation screen were matched for age, sex, and biopsy timing (C group).

Antiphospholipid syndrome APS is a blood clotting disorder in which antibodies are made against proteins that help to control how fast or slowly the blood clots. Many people with lupus have APS, although it can occur without other features of lupus or in patients with other autoimmune diseases. APS antibodies are thought to increase the risk of pregnancy complications, but many women with APS antibodies have normal pregnancies. Whether specific factors, such as having lupus, can predict which women with APS antibodies are more likely to experience pregnancy complications has not been fully established or agreed upon. Identification of specific APS antibodies that could predict adverse pregnancy outcomes in women with lupus would be very useful in clinical settings. What did the researchers hope to learn? The researchers hoped to learn about which APS antibodies confer increased risk for adverse pregnancy outcomes in women with APS, lupus, or both. How was the study conducted? Pregnant women with APS, lupus, or both as well as healthy pregnancy women were followed monthly by an obstetrician and during each trimester by a rheumatologist, and delivered between September and March For the pregnant women to be included in the study, gestation had to be 12 weeks or earlier in women with lupus or normal women, or 18 weeks or earlier in women with APS. Healthy pregnant women were included unless they had known mental illness, prior fetal loss, more than one embryonic loss, or no previous successful pregnancies. What did the researchers find? Most of the women included in the study were white, at least 30 years old, and had a prior episode of thrombosis a blood clot. More women included than not had systemic lupus erythematosus, although this did not consistently influence the likelihood of having adverse pregnancy outcomes in women with APS. The women included were either being treated with heparin or not being treated with this drug in relatively equal proportions. More women included than not were taking hydroxychloroquine or steroids. However, all of the anti-cardiolipin positive patients having adverse pregnancy outcomes also had lupus anticoagulant. The following did not significantly influence whether or not APS-positive women had adverse pregnancy outcomes in a consistent manner: What were the limitations of the study? This study included a relatively small number of non-white women, which may have made it difficult to detect consistent statistical differences in adverse pregnancy outcomes by ethnicity. In addition, the role of having had a prior thrombosis blood clot or having lupus anticoagulant may need to be further explored since they both increased the likelihood of having adverse pregnancy outcomes. What do the results mean for you? The occurrence of adverse pregnancy outcomes is increased in women with APS that have lupus anticoagulant and a history of thrombosis blood clot. In some analyses, however, being older, or non-white, or having systemic lupus erythematosus increased the risk of having adverse pregnancy outcomes among women with APS.

Chapter 7 : APS Antibodies and Pregnancy

Abstract. Routine investigation for recurrent pregnancy loss includes measurement of antiphospholipid antibodies under the perception that the lupus anticoagulant (LAC) is prevalent in this population.

In this capacity, it served four main functions: It was the owner of the official laws of Australian rules football , with the intention that the sport be played under uniform rules across Australia. Any rule changes were discussed and approved within the council, and any changes were binding on all affiliated bodies nationally although exceptions, known as "domestic rules" could be made with the permission of the council â€" amateur football, for example, was given special permission to use an order-off rule to control rough play. This included maintaining rules relating to residential qualifications for interstate clearances, intervening in disputes between the states, and ensuring that the clearance systems were enforced. It sought to develop and promote the game in markets where rugby football pre-dominated, including Sydney, country New South Wales, Queensland and the ACT. It did this by taking levies from the leagues where Australian rules football was dominant, and re-distributing those funds to the other markets for advertising and propaganda purposes, as well as arranging exhibition matches. It was responsible for the organisation of interstate matches , including the triennial Interstate Carnivals. The structure of the council mirrored that of most football leagues in Australia at the time: The decision making process followed by the council was that delegates would meet, generally every one to three years, to discuss and vote on proposed changes. All changes to on-field or off-field laws needed to be passed by a supermajority vote â€" this was originally a three-quarters majority, then later became a double majority which required an overall simple majority plus minimum number of the designated major states to vote in favour. The affiliated full members of the council, which were the various state leagues such as the Victorian Football League and South Australian National Football League , became the controlling administrative bodies for football in their states. Smaller leagues within each state would affiliate with the controlling body, bringing all affiliated leagues in the country hierarchically under the influence of the ANFC. The council maintained control by forbidding its affiliates from competing in matches against unaffiliated bodies without permission, and with the threat of excluding from the council any leagues, players or clubs who defied its rules. This meant that leagues could face exclusion if they played representative matches against un-affiliated leagues or their clubs without permission. The game was spread to other cities, but due to the large distances between cities in Australia, the game developed independently in each city. The first effort towards national administration of the game took place in , with an informal intercolonial football conference which took place on 9 November in Melbourne. With a growing desire to have a uniform set of rules across the country to facilitate intercolonial play and development of the sport, invitations were sent to all of the major football clubs or leagues. The meeting was attended by delegates representing Victoria, South Australia, Queensland and Tasmania; delegates from New South Wales also travelled to Melbourne but due to communication errors missed the conference; New Zealand was also invited to send a delegate. In November , the conference recommended the formation of a formal administrative body known as the Australasian Football Council which could make binding decisions. The Council was ostensibly formed, and continued to put out rules. However, the legal status of this council came under question in , when, while attempting to resolve a protest by South Melbourne over the eligibility of Essendon player Robert Byers, the VFA concluded that the Council had not been legally and procedurally established; the VFA ceased to recognise the council, and returned to using the set of rules. The decision to appoint two delegates was to allow states which had more than one main league to be represented separately by each, resulting in each being a controlling body for a different region of their state. Several states could have adopted this approach, but only Western Australia did. Launceston did not receive representation. The North and South Islands did not receive separate representation. Notably, the VFA remained unaffiliated, refusing to affiliate with the league which had seceded from it ten years earlier. Teams representing each state and New Zealand played

several matches over a two-week period in August , with Victoria emerging unbeaten as the champion state. Considered a great success, interstate carnivals were held approximately triennially except during periods of war until the s, and were the main on-field events for which the council was directly responsible. The VFA and SAFL had an existing five-year arrangement for annual interstate matches when the council was established, and that agreement was allowed to stand but could not be renewed without permission; [11] when the SAFL renewed the agreement in , the council issued an ultimatum that the agreement be cancelled or the SAFL would be expelled from the council, [12] and the SAFL acquiesced. A New Zealand team had attended the Carnival and was the strongest of the three rugby territories, but its commitment to the code waned. No New Zealand delegates attended council meetings after , and when New Zealand failed to provide details on how its propaganda funds were spent, no subsequent funds were provided in It was thought that amalgamating with rugby league, rather than trying to supplant it, could be a more effective way to create a nationally popular sport which incorporated the best features of Australian rules football. At that meeting, the council voted to reduce representation for each state from two delegates to one, deciding that it would be preferable for each state to have only one controlling body. In , in response to the cost and time required to assemble quorate meetings of interstate delegates in a time before commercial air travel, the council determined that motions could be passed in a vote by rotary letter instead of a meeting. This had two benefits of giving the major states â€" who were the main financial contributors to the council â€" more voting power than the minor states, and in removing the need for a three quarters majority which required at least 5â€"1 in favour to pass motions. Australian rules football schism â€" The defection of superstar players like Ron Todd and Bob Pratt to play under different rules in the unaffiliated VFA shaped Council priorities during the s. Through the late s and the s, the ANFC faced the first serious challenge to its ability to maintain uniform rules and a nationwide permit and transfer system for players, owing to the actions of two unaffiliated bodies: The VFA made a bold step in by making major rule changes which legalised throwing the ball and re-introduced the boundary throw-in, and by aggressively recruiting VFL players without clearances, causing a football schism in Victoria and Tasmania. Ending this schism was the priority of the ANFC throughout the s, [26] [27] and in the matter was solved by expanding the council. Canberra, where the game had made great progress over the previous decades, was also upgraded from a non-voting delegate to a voting delegate in ; [30] and the constitution was amended such that a motion could be carried on a simple majority of the eight voting delegates, provided at least four of the five major delegates Victoria, South Australia, Western Australia, Tasmania and the AAFC voted in favour. The three-man committee, comprising Melbourne-based delegates from Victoria, South Australia and Western Australia, did not have the power to make changes but did have the power to carry out administrative matters which had previously required full council approval, such as the allocation of propaganda funds. The event was mostly played on Tuesday nights, with night games at Norwood Oval in Adelaide, which was the premier night football venue in the country at the time. The event was the first fully national club competition in Australian rules football; and, as all games were televised live in colour on Channel 9 , the event opened unprecedented revenue streams from television rights and sponsorship opportunities for the sport. This power play, coupled with the election of VFL president Dr Allen Aylett â€" who had been heavily involved in the rival night series â€" to the NFL presidency, left the VFL with a more powerful position in national football administration. Final years s and s [edit] In , the Northern Territory Football League was admitted to the NFL as a full voting member, [47] and in , the VFA was re-admitted as a playing but non-voting member of the NFL, [48] with a view to it potentially becoming the controlling body in Victoria if the VFL expanded to become a national league.

Chapter 8 : S. Roath | Open Library

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Chapter 9 : Antiphospholipid syndrome Conferences | Meetings | Events | Symposiums | ConferenceSeries

Persistent lupus anticoagulant (LAC) positivity in patients with antineutrophil cytoplasmic antibody-associated vasculitis (AAV) is associated with higher Vasculitis Damage Index (VDI) scores, according to a restrospective study published in Arthritis Care & Research.