

Kardioimunološke manifestacije antifosfolipidnog sindroma Cardioimmunologic manifestation of antiphospholipid syndrome

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Antifosfolipidni sindrom (APS) karakteriziran je prisutnošću antifosfolipidnih protutijela (aPL) te pojavom vaskularne tromboze i/ili patologije vezane uz trudnoću kao kliničkom manifestacijom. aPL uključuju kardioliipinska protutijela (aCL), *lupus antikoagulans* (LA) te anti-β2 glikoprotein-I (anti-β2GPI). Za potvrdu dijagnoze potrebna su, uz pojavu kliničkih manifestacija, barem dva pozitivna titra aPL u razmaku 12 tjedana. APS patologija vezana za trudnoću i pojavu vaskularnih tromboza dobro su poznati entiteti koji se uspješno liječe. aPL imaju utjecaj i na kardiovaskularni sustav te se dovode direktno u vezu s nastankom aterosklerotske koronarne bolesti srca, valvularnih bolesti, dilatativne kardiomiopatije, plućne hipertenzije te plućne tromboembolije. U današnjem vremenu, s pojavom novih antiagregacijskih lijekova te novih antikoagulantnih lijekova, bit će zanimljivo pratiti pojavu in-stent tromboza, restenoza i recidivirajućih kardiovaskularnih događaja uz prisutnost aPL. Svakako, bit će potrebna dodatna istraživanja kako bi se našao odgovor na pitanje o stvarnoj ulozi aPL na razvoj aterosklerotske bolesti u sklopu APS i kardiovaskularnog sustava.

Antiphospholipid syndrome (APS) is characterized by occurrence of vascular thrombosis and/or obstetric pathology with a positive antiphospholipid antibody titer (aPL). APS includes cardiolipin antibodies (aCL), lupus anticoagulant (LA) and anti-beta2 glycoprotein-I (anti-β2GPI). To confirm the diagnosis it is required to have, along with clinical manifestations, at least two aPL positive titer in the span of 12 weeks. APS pathology and problems related to pregnancy and vascular thrombosis are well-researched entities that are successfully treated. aPL has impact on the cardiovascular system and brought aPL into connection with development of early atherosclerotic coronary artery disease, valvular disease, dilated cardiomyopathy, pulmonary hypertension and pulmonary thromboembolism. Given the new era of antiplatelet and novel oral anticoagulation drugs, it is going to be interesting to observe the possible occurrence of in-stent thrombosis, restenosis and recurrent cardiovascular events in regards to presence of aPL in the serum of such patients. However, it is necessary to conduct further research and to find answers to questions about a role with antiphospholipid antibodies have in the development of an early atherosclerotic disease manifestations within APS in diseases of cardiovascular system.

LITERATURE

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