THE PREVALENCE OF ANTIPHOSPHOLIPID SYNDROME IN PATIENTS WITH RECURRENT PREGNANCY LOSS: A REPORT FROM SOUTH OF IRAN

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ABSTRACT

In order to determine the role of different anti-phospholipid antibodies as an etiologic factor in recurrent pregnancy failure, a prospective study was done on one-hundred and thirty-eight women who had unexplained recurrent pregnancy loss (group I) with one-hundred well-matched women with normal reproductive outcome allocated as control group (GI).

Sera from 138 patients and 100 controls were analyzed for anticardiolipin antibody (ACLA) and lupus anticoagulant (LA). ACLA was measured by Elisa and LA by activated PTT.

Sixteen women (11.6%) had positive ACLA in group I, while 3 (3%) of group II were positive for this antibody (p = 0.0157 and odds ratio = 4.24).

LA was positive in 12 (8.7%) of group I and 3 (3%) of group II, but the difference was not significant (p = 0.074, odds ratio = 3.08).

Overall 24 women (17.4%) were positive for one of the mentioned antibodies (p = 0.00055, OR = 6.81). Four patients were positive for both antibodies.

This study emphasizes the relationship between antiphospholipid syndrome and recurrent pregnancy failure.


Keywords: Anticardiolipin antibody, lupus anticoagulant, pregnancy loss.

INTRODUCTION

Recurrent pregnancy loss (RPL) is the loss of 3 or more spontaneous consecutive pregnancies.1

Recurrent miscarriage is a common problem in the United States. It affects more than 500,000 women annually.2 There are many causes, such as genetic, anatomic, hormonal, medical and immunologic causes.2-3 If properly screened the cause will be found in almost all women.1 The most common singular defect in women with recurrent miscarriage syndrome is a hemostatic defect, and if a thorough antiphospholipid evaluation is performed, the most common of these is found to be antiphospholipid syndrome.1

Antiphospholipid antibodies (apl-ab) are acquired autoantibodies against a phospholipid that have been associated with slow progressive thrombosis and infarction in the placenta.3

Clinical features (venous or arterial thrombosis, recurrent fetal loss and thrombocytopenia) in conjunction with positive laboratory findings (positive IgG or IgM anticardiolipin antibodies (ACLA) or positive lupus anticoagulants (LA)), will satisfy the criteria for the diagnosis of antiphospholipid antibody syndrome.5,6 These women have only a 10% live-birth rate in subsequent pregnancies in which no pharmacological treatment is given.4,5

The purpose of this study is to find out the preva-
Antiphospholipid Syndrome in Recurrent Pregnancy Loss

The autoimmune cause of recurrent pregnancy loss involves two antibodies, lupus anticoagulant and anticardiolipin antibody.

In the current study, we found a prevalence rate of anticardiolipin as measured by Elisa of 11.6% and lupus anticoagulant as ascertained by prolonged activated PTT to be 8.7% in patients with recurrent fetal loss and an overall prevalence rate of 17.4% was detected in the patient group.

According to the study of Festin et al. in 1997 the rate of lupus anticoagulant is 7% and anticardiolipin is 15% among patients with previous fetal loss of unexplained origin. These two antibodies are believed to cause thrombosis in the maternal circulation leading to events that lead to fetal losses.

The reports from other investigators show that the prevalence of antiphospholipid antibodies in the normal obstetrical population is 5.3% among 7278 women, while in patients with recurrent pregnancy loss this number was 20% among 2226 women. Another report by Charles et al. from the lupus unit in London showed a figure between 7% and 25% of antiphospholipid syndrome among British patients with recurrent fetal loss.

On the other hand, some investigators do not agree with this relationship. As in reports by Vila et al., among 552 normal French blood donors, IgG anticardiolipin was found in 6.5%, and IgM anticardiolipin in 9.4%.

Also in 1998 reports from Simpson et al. showed the lack of association between antiphospholipid antibody and first trimester spontaneous abortion. So these investigators claim that although in some reports, the prevalence of antiphospholipid antibodies are higher in patients than controls, but actually the frequencies are only marginally greater than in the normal population.

A good explanation for different reports may be due to lack of presence of a standard assay for measuring the antibodies. As shown by Rebar et al., qualitative positivity for IgG anticardiolipin antibodies ranged from 31% to 60% among kits tested; the range was 6% to 50% for IgM anticardiolipin antibodies.

Overall general consensus supports the association between first trimester losses, adverse perinatal outcomes and positive antiphospholipid antibodies.

So we recommend that every patient with a previous history of unexplained fetal losses be screened for these autoantibodies, although further studies on larger populations are necessary to prove this matter.

REFERENCES

1. Festin MR, Lim Son-GM, Marco T: Autoimmune causes of recurrent pregnancy loss. Kobe J Med Sc 43(5): 143-
Table I: Frequency of positive anticardiolipin and lupus anticoagulant in patients and control.

<table>
<thead>
<tr>
<th>Patients</th>
<th>Lupus anticoagulant</th>
<th>Anticardiolipin</th>
<th>Both antibodies</th>
<th>No. of APS patients</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(group I)</td>
<td>12 (8.7%)</td>
<td>16 (77.6%)</td>
<td>4 (2.9%)</td>
<td>24 (17.4%)</td>
<td>138</td>
</tr>
<tr>
<td>(group II)</td>
<td>3 (3%)</td>
<td>3 (3%)</td>
<td>3 (3%)</td>
<td>3 (3%)</td>
<td>100</td>
</tr>
</tbody>
</table>

APS=antiphospholipid syndrome.

Table II: Previous obstetric experience in patients with positive lupus anticoagulant and anticardiolipin Ab.

<table>
<thead>
<tr>
<th>Type of Antibody</th>
<th>No. of patients</th>
<th>No. of previous pregnancies</th>
<th>Fetal Death Early (0-20) weeks</th>
<th>Intermediate (21-28) weeks</th>
<th>Late (29-40) weeks</th>
<th>Live birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lupus Anticoagulant</td>
<td>12</td>
<td>47</td>
<td>40 (85.5%)</td>
<td>3 (6.3%)</td>
<td>1 (2.12%)</td>
<td>3 (6.3%)</td>
</tr>
<tr>
<td>Anticardiolipin</td>
<td>16</td>
<td>56</td>
<td>48 (85.7%)</td>
<td>3 (5.3%)</td>
<td>2 (3.5%)</td>
<td>3 (5.3%)</td>
</tr>
<tr>
<td>Total of APS patients</td>
<td>24</td>
<td>103</td>
<td>88 (85.4%)</td>
<td>6 (5.8%)</td>
<td>3 (3%)</td>
<td>6 (5.8%)</td>
</tr>
</tbody>
</table>

57, 1997.


