Summary

The diagnostic workup in patients with venous thromboembolism (VTE) consists of imaging methods as well as laboratory assays and concentrates not only on diagnostic and follow-up procedures but also on the evaluation of the possible cause of VTE event. In the absence of an obvious clinical provoking factor, occult malignancy or thrombophilic disorder should be searched for. From the practical point of view, the most relevant are those thrombophilic states that are associated with an increased risk of recurrence and may therefore play a role in the decision about the length of the anticoagulation therapy (usually with warfarin) following the event. However, the most common inherited thrombophilic disorders are associated with only mildly increased risk of VTE recurrence and their detection does not usually warrant prolonged warfarin therapy.

Antiphospholipid syndrome (APS) is an acquired thrombophilic state with a significantly higher risk of VTE recurrence, especially after warfarin withdrawal. The laboratory diagnostics of APS consists of coagulation assays (detection of lupus anticoagulans) as well as serologic tests of antiphospholipid antibodies (APA). APAs are very heterogeneous and only some of them are considered “diagnostic” – anticardiolipin antibodies (ACA) and newly also antibodies against β2-glycoprotein I (anti-β2-GPI). Some authors, however, consider some other subgroups of APAs significant, too. The aim of our study was to assess the prevalence of not only ACA and anti-β2-GPI but also “nondiagnostic” APA - antibodies against phosphatidylserine, phosphatidylglycerol, phosphatidylinositol, phosphatidylethanolamine (anti-phE), phosphatidic acid - in both IgG and IgM isotypes in patients after a VTE event. We have confirmed statistically higher prevalence of IgM - ACA, IgG - anti-β2-GPI and also IgM - anti-phE. Our results thus support the inclusion of anti-β2-GPI

assays into the newly revised APS diagnostic criteria and suggest the potential utility of anti-phE testing, especially in the case of strong clinical suspicion of APS with the absence of “diagnostic” APA. Nevertheless, these results deserve further evaluation in a larger and prospective study.