Antiphospholipid Syndrome With Isolated Isotype M Anticardiolipin and/or Anti-B2GPI Antibody Is Associated With Stroke

Titre	Antiphospholipid Syndrome With Isolated Isotype M Anticardiolipin and/or Anti-B2GPI Antibody Is Associated With Stroke
Type de publication	Article de revue
Auteur	Urbanski, Geoffrey [1], Yelnik, Cécile Marie [2], Maillard, Hélène [3], Launay, David [4], Dubucquoi, Sylvain [5], Hachulla, Eric [6], Hatron, Pierre-Yves [7], Lambert, Marc [8]
Editeur	American Heart Association
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	Novembre 2018
Numéro	11
Pagination	2770-2772
Volume	49
Titre de la revue	Stroke
ISSN	0039-2499
Mots-clés	Anticoagulants/pharmacokinetics* [9], Antiphospholipid Syndrome [10], platelet aggregation inhibitors [11], Stroke [12], thrombosis [13]

Résumé en anglais	Background and Purpose— International classification criteria for antiphospholipid syndrome (APS) include IgM (immunoglobulin M), aCL (anticardiolipin), and aB2GPI (anti-β2-glycoprotein-I) antibodies, but their relevance is still debated. We aimed to assess whether patients with isolated IgM aCL and/or aB2GPI at diagnosis have specific characteristics and outcomes. Methods— We retrospectively included APS patients with isolated IgM antiphospholipid antibodies (isolated-IgM-APS) and compared them to APS patients with IgG and IgM, or IgG alone and/or lupus anticoagulant (nonisolated-IgM-APS). Results— Among the 168 APS patients included, 24 (14.3%) had isolated IgM. Median follow-up was 92.5 months (36–151.5). Isolated-IgM-APS patients were 9.5 years older. At diagnosis, stroke was more frequent in isolated-IgM-APS after adjustment for cardiovascular risk factors (odds ratio, 3.8; 95% CI, 1.3–11.5). IgM isotype remained isolated in 17 of 24 (70.8%) patients over time. Global relapse-free survival did not differ between the two groups. In thrombotic APS, monotherapy with antiplatelet agents was more frequently used in isolated-IgM-APS group with 14 of 20 versus 28 of 134 patients (P<0.0001), with a higher relapse rate with antiplatelet agent alone compared to vitamin K antagonists, especially for patients presenting with a stroke (hazard ratio, 7.37; 95% CI, 1.19–19.0). Conclusions— Isolated IgM APS patients should not be disregarded because they represent 14.3% of an APS population. They have some characteristics: older age at diagnosis and a strong association with stroke. Clinicians must be aware of this situation because antiplatelet agent do not seem to well prevent relapses compared to vitamin K antagonist.
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DOI	10.1161/STROKEAHA.118.023021 [15]
Lien vers le document	https://www.ahajournals.org/doi/10.1161/STROKEAHA.118.023021 [16]
Titre abrégé	Stroke

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