Conclusion Discussion: The case suggests that hypertension and renal failure should be recognised as a complication of APS, the aetiology being primary intrarenal vascular disease with nephroangiosclerosis. It illustrates also how primary APS presenting with renal manifestation can result in a fatal form of CAPS.

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FRI0175 CLINICAL MANIFESTATIONS OF ANTIPHOSPHOLIPID SYNDROME IN FEMALES WITH OBSTETRIC PATHOLOGY AND ANTIPHOSPHOLIPID ANTIBODIES

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Background

Objectives Antiphospholipid antibodies (APA) were studied in 94 women with a history of recurrent fetal loss and other obstetric complications associated with antiphospholipid syndrome (APS) such as fetal growth retardation, pre-eclampsia, intrauterine fetal death.

Methods

Results APA were found in 43,6% of them: lupus anticoagulant (LA) in 24,5%; anticardiolipin antibodies (aCL) ? in 10,6% and 8,5% had LA and aCL mixture. Only 4,5% of studied women had moderate or high levels of IgG aCL.

All women were examined in order to find extragenital manifestations of APS. Clinical features associated with APS including recurrent miscarriages were found in 81,6% women with APA circulation. Extragenital features of APS had 45,5% patients: recurrent arterial or venous thrombosis, thrombocytopenia in 20,4% cases. 25,1% women had possible APS features such as livedo reticularis, damage of cardiac valves, stroke, transient ischaemic attacks, migraine, leg ulcers, syndrome Reino. 29,5% APA-positive women had arterial hypertension. The most serious vascular complications took place in group with high and moderate levels of IgG aCL. One case of systemic lupus erythematosus was diagnosed (according to the American Rheumatism Association criteria).

Conclusion Women with APA circulation had not only obstetrical complications of APS. In 45,5% of them definite and possible features of this pathology were found.

FRI0176 ANTIBODIES TO CARDIOLIPIN AND B2GPI IN THE GROUP OF WOMEN'S POPULATION WITH THE HISTORY OF RECURRENT SPONTANEOUS ABORTIONS

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Background

Objectives To determine the significance of IgG anticardiolipin antibodies (aCL) and IgG antibodies to b2GPI (anti-b2GPI) in

the group of women's population with the history of recurrent spontaneous abortions.

Methods 58 women with one, two, three and more spontaneous abortions (mean age ? 29,9 ± 5,7 years) were examined. Three of them were observed out of pregnancy. In control groups 12 healthy female donors (mean age ? 29,7 ± 4,2 years) and 10 normal pregnant women (mean age? 23,2 ± 4,6 years) without history of any spontaneous abortions were included. IgG aCL and IgG anti-b2GPI were measured by ELISA.

Results The elevated levels of both autoantibodies were not noted in both control groups. In the main group in 17 (29,3%) of 58 patients (pts) IgG aCL or IgG anti-b2GPI were found. Elevated levels of IgG aCL only in 11 (64,7%) of 17 pts with antiphospholipid antibodies were noted respectively. Elevated level of IgG anti-b2GPI only wasn't noted in any pts. Elevated level of IgG anti-b2GPI and IgG aCL together had 6 (35,3%) pts.

In the group with IgG aCL without IgG anti-b2GPI (n = 11): 1) the history of one or two spont.ab. had 6 (54,5%) pts, three and more spont.ab.? 5 (45,5%) pts (mean number? 2,2 ± 1,8); 2) the clinical manifestations of the antiphospholipid syndrome (APS) were noted in 8 (72,7%), among them: 1(12,5%) pts had definite APS, 4 (50%) pts ?probable APS and 3 (37,5%) pts ? dubious APS; 3) the clinical manifestations of APS, such as deep venous thrombosis had 2 (18,2%) pts, migraine ? 7 (63,6%) pts, thrombocytopenia ? 1 (9,1%) pts. The evidences of stroke, livedo reticularis and ulcers of extremities had no one; 4) titers of antibodies were low in 3 (27,3%), medium ? in 7 (63,6%) and high ? in 1 (9,1%) pts.

In the group with IgG aCL and IgG anti-b2GPI (n = 6): 1) the history of one or two spont.ab. had 2 (33,4%) pts, three and more spont.ab.? 4 (66,7%) pts (mean number ? 5,3 ± 4,2); 2) the clinical manifestations of APS were noted in 6 (100%) pts, among them: 4 (66,7%) had definite APS, 2 (33,3%)? probable APS and no one had dubious APS; 3) the clinical manifestations of APS, such as thrombosis (arterial and venous, deep and superior) had 2 (33,3%) pts, migraine?5 (83,3%), thrombocytopenia? 5 (83,3%), stroke ? 2 (33,3%), livedo reticularis? 4 (66,7%) and ulcers of extremities? 1 (16,7%) pts; 4) titers of both antibodies were medium and high.

Conclusion We found that IgG aCL and IgG anti-b2GPI, especially their combination is one of the most important tests for APS in the pregnant women's population with the history of spontaneous abortions, especially among the women with habitual abortion; simultaneous production of both antibodies correlated with severity of clinical manifestations of APS. The discovery of IgG anti-b2GPI make the clinical manifestations of APS more severe.

FRI0177 THE SPECTRUM OF CLINICAL MANIFESTATIONS OF ANTIPHOSPHOLIPID ANTIBODY SYNDROME IN THE GENERAL HOSPITAL

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Background APS is recognised with growing incidence in many fields of medicine. It is clinically and immunologically diverse condition and may affect any organ of the body and display a broad spectrum of manifestations. The majority of published studies have been reported from a tertiary referral hospitals. We