Antiphospholipid Syndrome and Plasma Exchange

J.-M.	Jean-Marc	Durand ^a
P.	Patrice	Lefèvre ^b
G.	Gilles	Kaplanski ^a
B.	Bernard	Lassale ^b
J.	Jacques	Soubeyrand ^a

^aDepartment of Internal Medicine, CHU Sante-Marguerite, and ^bDepartment of Hemobiology, CHU La Conception, Marseille, France

Dr. Jean-Marc Durand, CHU Sainte-Marguerite, 270, boulevard Sainte-Marguerite, F-13274 Marseille Cedex 9 (France)

Dear Sir,

We read with interest the report by Lacueva et al. [1] on thrombotic microangiopathy, and acute renal failure, associated with antiphospholipid syndrome treated by plasma exchange, aspirine and prednisone with a favorable course. We agree that the primary antiphospholipid syndrome (PAS) may be associated with thrombotic microangiopathy [2], but we would like to comment on the place of plasma exchange in PAS.

While the effectiveness of plasmapheresis has been confirmed in the treatment of thrombotic thrombocytopenic purpura [3], the value of this therapy is not clearly established in PAS [4, 5]. We have previously reported a 23-year-old woman with PAS and recurrent retinal artery occlusions, in whom thrombocytopenia and microangiopathic hemolytic anemia developed after plasma exchange [2]. Unlike the patient reported by Lacueva et al. [1], enzyme-linked immunosorbent assay for IgG anticardiolipin antibodies (aCL) was strongly positive, and the aCL level increased strikingly after plasma exchange. Since we failed to identify any other cause of thrombotic microangiopathy, we assume that the sudden rebound of the aCL level after plasma exchange contributed to thrombotic microangiopathy.

Plasma exchange may be useful in thrombotic microangiopathy associated with PAS, but we recommend caution in the use of plasmapheresis in removing aCL without effective immunosuppressive therapy, especially in patients with high levels of aCL.

References

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