



LUPUS ANTICOAGULANT

Lupus Anticoagulant (LA) is the most common cause of acquired thrombophilia. The incidence of LA in the general population is 1% to 2%. To be considered clinically significant, a lupus anticoagulant must be present on two occasions at least six to eight weeks apart.

WHY IS IT IMPORTANT CLINICALLY TO IDENTIFY A PERSISTENT LUPUS ANTICOAGULANT?

- *Individuals who suffer venous or arterial thrombosis and have a lupus anticoagulant have a very high rate of recurrence. In these individuals, long-term anticoagulant therapy is recommended.*

DIAGNOSIS OF LUPUS ANTICOAGULANTS IS COMPLEX:

Based on recommendations from the International Society for Thrombosis and Hemostasis (ISTH), four criteria must be met to diagnose a lupus anticoagulant; 1) demonstration of prolongation of a phospholipid dependent clotting assay, 2) demonstration using mixing studies or factor assays that an inhibitor is present, 3) demonstration that the inhibitor is phospholipid dependent, and 4) absence of a specific factor inhibitor, such as a factor VIII inhibitor.

WHO SHOULD BE SCREENED FOR LUPUS ANTICOAGULANT?

- *Individuals who suffer venous thrombosis, especially if idiopathic*
- *Individuals who suffer an arterial occlusive event (e.g. myocardial infarction [MI] or stroke) before the age of 50 years*
- *Individuals greater than 50 years of age without typical risk factors for arterial occlusive disease who suffer MI or stroke*
- *Women who suffer 3 or more first trimester pregnancy losses or a single unexplained fetal loss in the second or third trimester*
- *Women who suffer severe preeclampsia or intrauterine growth retardation without a known provoker*
- *All patients with systemic lupus erythematosus*

LUPUS ANTICOAGULANT MAY BE ASSOCIATED WITH:

- *Arterial thrombosis*
- *Venous thrombosis*
- *Thrombocytopenia*
- *Pregnancy-related complications including:*
 - *Fetal loss*
 - *Intrauterine growth retardation*
 - *Severe preeclampsia*

ESOTERIX OFFERS:

- *A comprehensive, cost effective, state of the art testing profile based on ISTH criteria to screen and confirm the presence or absence of a lupus anticoagulant*
 - *M.D. interpretation and consultation available upon request*
- *A complete menu of assays available to evaluate for the presence of a lupus anticoagulant and anti-phospholipid antibodies that can be ordered individually*
- *Development of custom profiles*
- *Diagnostic Support Services (DSS) available for all clients*

RELATED ASSAYS:

300040 Activated Partial Thromboplastin Time (APTT)
300144 Hexagonal Phospholipid Neutralization
300805 Platelet Neutralization Procedure
300804 Tissue Thromboplastin Inhibition Test
300166 Beta-2 Glycoprotein 1 Antibody IgG, IgA, IgM
300153 Antiphosphatidylserine Antibody IgG, IgM
300211 Factor X Chromogenic Activity

300806 APTT Mixing Studies
300057 Dilute Russell's Viper Venom Test
300056 Kaolin Clotting Time
300233 Anti-annexin V Antibody, IgG, IgM
300165 Anticardiolipin Antibody IgG, IgM
300230 Anti-prothrombin Antibody IgG, IgM
300214 Factor VIII Chromogenic Activity

Test Code	300906
Procedure	Lupus Anticoagulant and Anticardiolipin Antibody Profile: APTT, APTT mixing studies assay, Dilute Russell's Viper Venom Test, Prothrombin Time, Thrombin Time, Anticardiolipin Antibody IgG, IgM
CPT Codes	86147X2,85730,85732X2;85613,85610,85670
Specimen Requirement	Adult: 3 tubes – 1 mL each frozen citrated plasma Pediatric: 1 tube – 1.5 mL frozen citrated plasma
Methodology	End-point clot detection, ELISA
Assay Time / Schedule	M,T,W,Th,F

Test Code	300916
Procedure	Lupus Anticoagulant and Anticardiolipin Antibody Confirmatory Profile: APTT, APTT mixing studies assay, Dilute Russell's Viper Venom Test, Prothrombin Time, Thrombin Time, Hexagonal Phospholipid Neutralization, Platelet Neutralization Procedure, Anticardiolipin Antibody IgG, IgM
CPT Codes	86147X2,85730,85732X2;85613,85610,85670,85597X2
Specimen Requirement	Adult: 3 tubes – 2 mL each frozen citrated plasma Pediatric: 2 tubes – 1mL each frozen citrated plasma
Methodology	End-point clot detection, ELISA
Assay Time / Schedule	T, Th

***For more information please contact your local representative,
call 1-800-288-6222 or visit www.esoterix.com***

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2. Brandt JT, et al. *Thromb Haemost* 1995;74:1185.
3. Levine JS, et al. *N Engl J Med* 2002;346:752.
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Anything But Routine

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