

## **RISCUŁ TROMBOZEI RECURENTE ÎN SINDROMUL ANTIFOSFOLIPIDIC**

asist. univ. dr. **Claudia Gavriș**<sup>1</sup>,  
prof. univ. dr. **Mariana Rădoi**<sup>1</sup>,  
prof.univ.dr **Peter Manu**<sup>2</sup>

<sup>1</sup>Universitatea „Transilvania” din Brașov,  
Facultatea de Medicină

<sup>2</sup>Albert Euinstein College, New York, USA

*The risk of reccurent thrombosis in patients with antiphospholipid syndrome (APS) is high, but there are conflicting opinions on which antibodies should be measured to detect patients at risk of recurrent thrombosis. Several studies have shown a significant association between either antiphospholipid antibodies (lupus anticoagulant, LA and anticardiolipin antibodies, aCL) and a history of thrombosis. It is an paradox that APS was discovered largely by the aCL test, but the clinical value of this test is now considered marginal, as is anti-β2-glycoprotein I antibodies. Many hypotheses purporting to explain why aPL are often associated with recurrent thrombosis. Probably the most widely held hypothesis is that some aPL may activate cells to promote thrombosis. Experimental observations suggest that that the platelet is an important player in the pathogenesis of the APS.and CD62P and sCD40L are independent markers of platelet activation.Platelet activation rather than endothelial injury identifies risk of thrombosis in subjects positive for antiphospholipid.*