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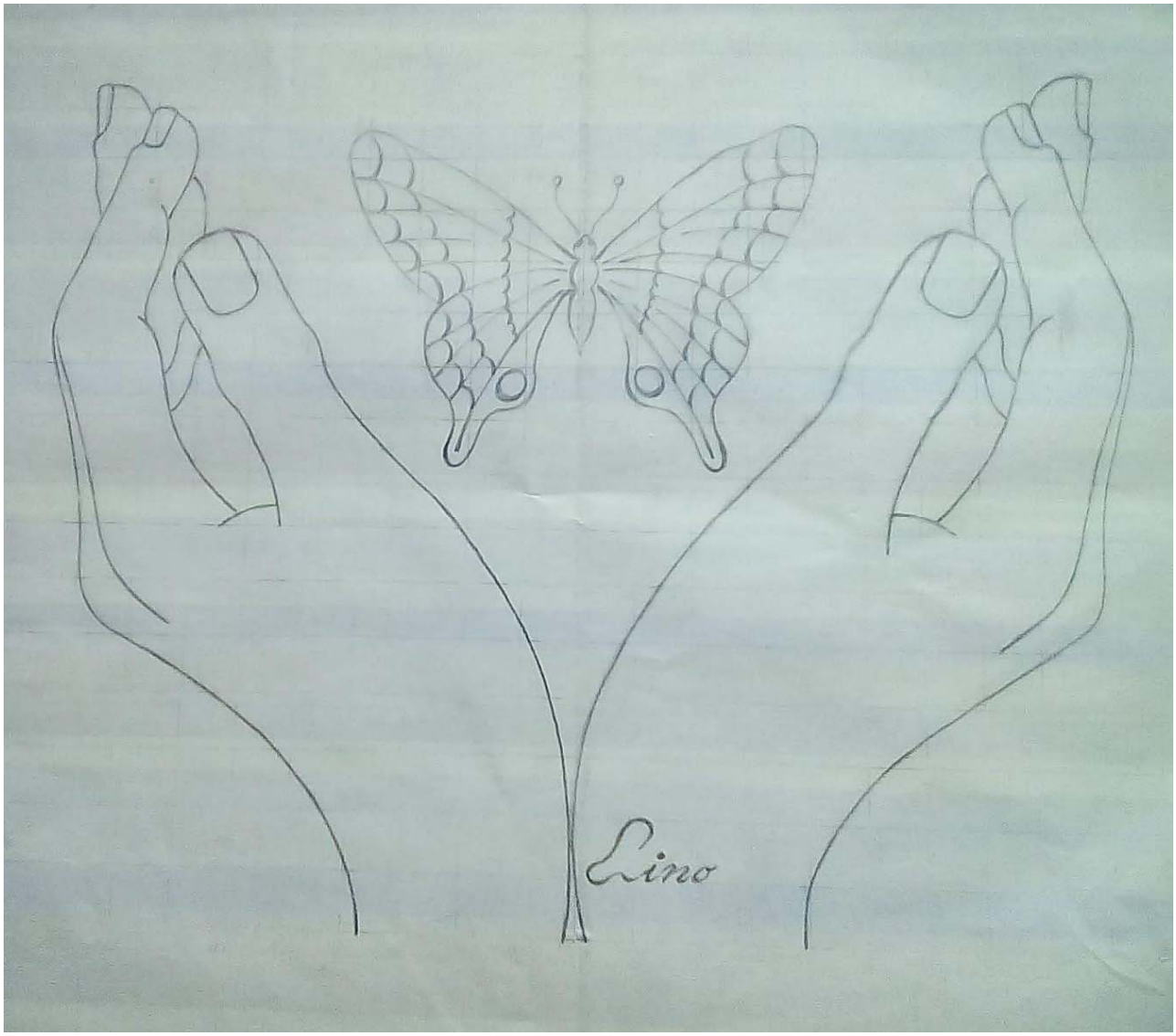

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INDICE GENERALE

Role of Oral Anticoagulant Treatments in patients with Systemic Lupus Eritematosus and Anti-Phospholipid Antibody Syndrome.

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KEYWORDS: Oral Anticoagulant Treatment, Novel Oral Anticoagulant treatment, LES, Anti-Phospholipid Syndrome.

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ABSTRACT

Background: Systemic Lupus Eritematosus (SLE) is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue in many parts of the body. **Etymology:** Lupus is Latin for "wolf", and "erythro" is derived from ερυθρός, Greek for "red." All explanations originate with the reddish, butterfly-shaped malar rash that the disease classically exhibits across the nose and the cheeks. More likely is that it is derived from the similarity in distribution to lupus vulgaris or chronic facial tuberculosis where the lesions are ragged and punched out and are said to resemble the bite of a wolf. The cause of SLE involve genetics together with environmental factors. Female sex hormones, sunlight, smoking, vitamin D deficiency, and certain infections are also believed to increase the risk. These are most commonly anti-nuclear antibodies and they result in inflammation. There are a number of other kinds of lupus erythematosus including discoid lupus erythematosus, neonatal lupus, and subacute cutaneous lupus erythematosus. Treatments may include NSAIDs, corticosteroids, immunosuppressants. Approximately 20 % of people with SLE have clinically significant levels of antiphospholipid antibodies, which are associated with antiphospholipid syndrome. In this form of the disease the cause is very different from lupus: thromboses (blood clots or "sticky blood") form in blood vessels, which prove to be fatal if they move within the blood stream. If this disorder is suspected in people, brain scans are usually required for early detection. The treatment plan for these people requires anticoagulation. Often, a low-dose of aspirin is prescribed for this purpose, although for cases involving thrombosis anticoagulants such as warfarin are used. **Aim**: The aim of this Case report is to underline the role of a new oral anticoagulant treatment (Dabigratan 150 mg b.i.d.) compared to the traditional oral anticoagulant treatment (Warfarin) in patients with Systemic Lupus Erythematosus and Antiphospholipid Antibody Syndrome.

Case Report: Our research group followed Mrs. C.N. 49 years old affected by systemic lupus and anti-phospholipid antibody syndrome. Mrs. C.N. She came to our observation for the appearance of pain in the right leg associated with erythema. An Echo color Doppler examination confirmed the presence of thrombophlebitis of the right lower limb despite warfarin therapy. From a systematic evaluation of the previous laboratory tests we have highlighted a considerable variability of the INR value and therefore a weak anticoagulant protection during warfarin therapy. Given the young age and the episode of thrombophlebitis and previous pulmonary embolism we set up a therapy with NAO (Dabigratan 150 mg b.i.d.) after obtaining the patient's consent and informing her that the treatment with warfarin could cause new episodes of thrombophlebitis and pulmonary embolism . after obtaining the patient's consent, we start the follow-up with ultrasound exam to control thrombophlebitis. After about 6 months of anticoagulant treatment with NAO (Dabigratan 150 mg b.i.d.) the thrombophlebitis was completely resolved. The patient had reported previous episodes of pulmonary embolism so we advised to continue the oral anticoagulant therapy.

Results: The treatment with the New Oral Anticoagulant, given the different mode of action, has allowed us to treat the deep vein thrombosis and the consequent pulmonary embolism with a pharmacological efficacy not found with the traditional anticoagulant treatment (Warfarin) for the detection of labile values of the INR in subsequent evaluation. **Discussion:** According to the systematic re-evaluation of the scientific evidence and the most recent guidelines, Lupus and the antiphospholipid syndrome require a pharmacological treatment based on corticosteroids, non-steroidal anti-inflammatory drugs, and in cases selections of anticoagulant therapy based on Warfarin. there are not many data in the literature regarding the treatment of autoimmune diseases with new oral anticoagulants. Since the treatment with Warfarin which represents the Gold Standard of anticoagulant therapy in autoimmune diseases can determine labile levels of INR and therefore non-constant clinical efficacy, we considered it appropriate to evaluate the role of a new oral anti-coagulant (Dabigratan) in order to guarantee maximum therapeutic efficacy. **Conclusions:** Treatment with the new oral anticoagulant (Dabigratan) can represent, on the basis of our experience, a valid alternative to traditional anticoagulant treatment in patients suffering from autoimmune diseases with thrombotic complications who have labile INR values and therefore a poor pharmacological efficacy in progress. standard treatment with Warfarin. The single clinical case does not allow us to automatically apply the results of this study to the whole population but provides interesting data to treat the subpopulation of patients with thrombotic complications and poor control of the INR value.

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