The SSC algorithm for Lupus testing

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The 2009 updated guidelines on lupus testing were prepared as an update of the existing criteria for the detection of the presence of lupus anticoagulants (LA) that were originally published in 1995. Patient selection was seen as first important step in improving appropriateness for lupus testing. Testing for LA should be limited to patients who have a significant probability of having the antiphospholipid syndrome (APS). Appropriateness to search for LA can be graded according to clinical characteristics into low, moderate and high. Modalities for blood collection and processing are fully delineated and the choice of tests is limited to dRVVT and a sensitive aPTT in order to reduce the risk of false positive results. The rationale behind the selection of these 2 tests is supported by the huge body of evidence present in the literature and supporting their diagnostic efficacy. Calculations of cut-off values for each diagnostic step are clearly stated. The cut off values of both the screening and the mixing tests are set as values above the 99^{th} percentile of the distribution, in order to discourage the test results as being reported borderline or doubtful. The so-called 'integrated testing' does not necessarily require the adjunct of mixing studies. One important addition to the updated recommendations is that the final report should include quantitative values and an interpretative comment clearly indicating whether results are positive or negative for LA. The interpretation of results LA detection in patients on long-term vitamin K antagonists is difficult because of the prolonged basal clotting time. Tests in this case should be performed 1 to 2 weeks after discontinuation of treatment or when the INR is less than 1.5. Bridging VKA discontinuation with LMWH is recommended with the last dose of LMWH administered more than 12 h before the blood is drawn for LA testing. An LA result should always be considered in the context of a full laboratory aPL profile including ELISAs for aCL and aβ2GPI antibodies. The presence of medium-high titres of aCL and aβ2GPI of the same isotype (most often IgG) is usually found in LA-positive results and identifies patients at high risk for thrombosis. Isolated LA positivity is significantly more frequent in subjects without clinical events. LA tests may be false-positive especially if mild in potency, if found in elderly patients, or if diagnosed for the first time.