

Long-Term Outcomes in Patients with single positive antiphospholipid syndrome and index venous thrombosis: A Retrospective Cohort Study

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INTRODUCTION

- APS: arterial and venous thrombosis and/or obstetric morbidity associated with persistent antiphospholipid antibodies
- High-risk profile: isolated LA positivity or double/triple positivity
- Standard therapy: long-term VKA anticoagulation
- DOACs: associated with increased arterial thrombosis risk in APS.
- Study aim: retrospective comparison of thrombosis recurrence in patients with initial VTE and single aPL positivity treated with DOACs vs VKA.

METHODS

- Retrospective study between 2010 and 2025
- Patients aged ≥ 18 years
- Single aPL positivity AND Index VTE event
- APS as defined by Sapporo classification

CONCLUSIONS

- No increased risk of recurrence between DOACs (4) and VKA (2)
- High recurrence risk after stopping anticoagulation (14 out of 17)
- Changing the anticoagulation strategy did not increase the risk of recurrence.

RESULTS :

Table 1 - APS profile and VTE characteristics	Total N = 49
APS profile	
aCL	42
anti- $\beta 2$ -GPI	4
LA	3
Risk factors for VTE	
None	21
Immobilization	2
Surgery	2
Inflammatory condition	3
Oral contraceptive use	9
Pregnancy/puerperium	4
Travel	5
Vascular compression	2
Anticoagulation	
Acenocoumarol	21
Rivaroxaban	6
Apixaban	2
Other	6

Table 2 - Characteristics of thrombotic recurrences on/off anticoagulation	Patients	Patients with recurrence	Arterial thrombosis	Veinous thrombosis
Patients on long-term VKA	13	1	2	0
Patients on long-term DOACs	19	3	3	1
Patients without anticoagulation	17	14	0	17

Figure 1 - Index event (N=49) and recurrence (N=23)

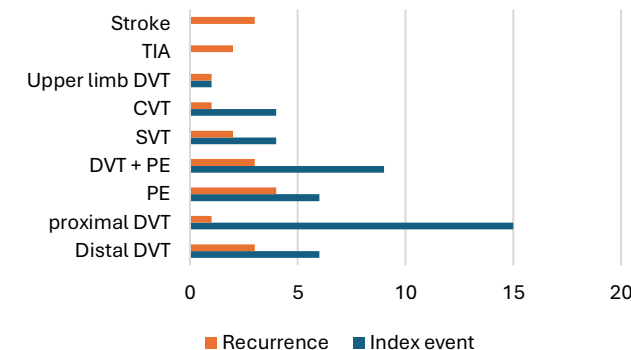


Table 3- Reasons for stopping anticoagulation	N= 17
Combined oral contraceptive pill	4
Distal deep vein thrombosis	3
Low titer antibodies	2
INR lability or bleeding complication	2
Other reasons or no reasons found	6