either unstimulated or LPS-stimulated monocytes. This study had an 80% power to detect a significant difference of 35% or more in monocyte TM mRNA expression. In conclusion, monocyte TM mRNA expression is unlikely to explain the reported association between venous or arterial diseases and the TM –1208/-1209delTT polymorphism or the Ala455Val substitution.

References

Rebuttal to: Strong Lupus Anticoagulant can influence the prothrombin time INR falsifying the follow up of oral anticoagulation

Dear Sir,

The study by Ames P.R.J. et al. (1) states that high intensity oral anticoagulation (INR 3–4) is not superior to conventional intensity oral anticoagulation (INR 2–3) in preventing re-thrombosis in patients with primary antiphospholipid syndrome, but on the contrary gives higher bleeding rates. In the article prothrombin times are measured by the Manchester reagent thromboplastin.

In our hospital, the recombinant prothrombin time (PT) reagent Innovin (Dade Behring/Sysmex CA6000) is used for routine follow-up of oral anticoagulated patients. We would like to mention a male patient known with SLE and a strong lupus anticoagulant (LA), who came to our hospital for a second opinion concerning re-thrombosis of the lower limb. He took Phenprocoumon 3 mg daily, with INR values of 3.5 +/-0.5. Our PT INR was 3.8 while our Thrombotest® control gave an INR of 1.6. The presence of a strong lupus anticoagulant was confirmed. This patient, in follow up by a large Thrombosis Centre obviously had no thrombosis prevention, even on a stable – but unreliable – PT INR of 3.5 +/-0.5. Three years of follow up of the oral anticoagulant therapy by Thrombotest, using the same INR target value as before, resulted in a DVT free patient history.

Could it be possible that the confusion in former studies about the proper INR range to prevent re-thrombosis in LA patients has to do with the sensitivity for LA of the PT reagent used? In our experience, we would advise to monitor oral anticoagulation in strong LA positive patients with Thrombotest instead of PT reagent tests.

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Reference