

Lupus anticoagulant

(Lupus anticoagulant prolongs APTT, and hence carries the misnomer 'anticoagulant', although in vivo it leads to increased risk of thrombosis. Despite the statistically increased risk of VTE, patients with Lupus Anticoagulant should not be treated differently from normal population unless there is a clinical history of recurrent VTE. The term 'lupus' is also a misnomer as most patients do not have LE.)

Question:- What is the best way of tracking heparinisation for cardiac bypass? The lupus anticoagulant will interact with ACT testing, and therefore interfere with assessment of degree of anticoagulation for cardiopulmonary bypass.

Discuss with the haematology team. Suggested strategies:

- Use of anti-Xa levels to monitor heparin levels, (May not be suitable for theatre during bypass due to long turn-around time.)
- Use of ACT if it starts with a normal baseline value, suggesting lupus anticoagulant is not causing much interference. Some studies say to double ACT if baseline value is artificially prolonged.
- Use TEG to guide anticoagulation – however this is not validated in this setting.