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# Antiphospholipid syndrome: a comparative study of adverse perinatal outcomes

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## Objective

To identify demographic characteristics and adverse perinatal outcomes in patients with antiphospholipid syndrome (APS) and non criteria obstetric antiphospholipid syndrome (NC-OAPS).

## Methods

A retrospective study was performed in all pregnant women with a diagnosis of APS or NC-OAPS followed up in the Autoimmune Diseases and Pregnancy Unit of our center between 2014 and 2019. In clinical practice, the antiphospholipid antibodies (aPLs), considered in the classificatory criteria, are IgG and IgM isotypes of anticardiolipin antibodies and anti-β2-glycoprotein-I antibodies, in addition to the lupus anticoagulant. APO are defined as the following events: 1) Fetal death > 12 weeks of gestation not explainable by chromosomal abnormalities, anatomical malformations or congenital infections; 2) Neonatal death before hospital discharge due to complications of prematurity and/or placental insufficiency; 3) Premature delivery < 36 weeks due to placental insufficiency, gestational hypertension or preeclampsia; 4) Small-for-gestational-age neonate (percentile <5); 5) More than 3 abortions before 12 weeks.

## Results

A total of 130 patients were studied, 59 of them with APS and 71 with a diagnosis of NC-OAPS. There were 12 gestational losses, including 4 fetal losses between 10-24 weeks of pregnancy and 2 late miscarriages. Differences between groups were not statistically significant. There were 5 neonatal deaths occurred, all in the APS group. With respect to aPL, no significant differences were observed between groups, except for anti-β2-glycoprotein-I IgM positivity.

## Conclusion

No significant differences were found with respect to adverse perinatal outcomes between pregnant women with APS and NC-OAPS. A trend towards statistical significance has been observed with respect to the risk of neonatal death. There are no significant differences in the treatment regimen (SSA/HBPM) between the two groups.