European Medical Research Group (Meeting held on 15 March 1988)

Association between cardiac abnormalities and raised anticardiolipin antibodies in systemic lupus erythematosus (Abstract)

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Raised anticardiolipin antibodies (ACA) have been related to recurrent abortions, thrombosis, thrombocytopenia and cerebral involvement in systemic lupus erythematosus (SLE). To evaluate its possible association with cardiac involvement in this condition, we studied 28 consecutive SLE patients mean age=31 (17–58) using 2-D echo-

cardiography and colour Doppler (echo) and correlated these findings with ACA titres.

Echo was normal in 15 and abnormal in 13 of the 28. Abnormalities recorded were: pericardial effusion=3, myocardial dysfunction (localized or global)=6, and valvular abnormalities (valvular thickening=3, valvular vegetations=4, valvular insufficiency without structural abnormalities=2). Some patients had more than one abnormality.

ACA were raised (>9 Hammersmith units) in 9 of 13 patients with abnormal echo and in only 1 of 15 of the normal echo. This patient had recurrent venous thrombosis. 4/4 patients with vegetations, 2/3 with valvular thickening and 6/6 with myocardial dysfunction had raised ACA.

We postulate a strong association between myocardial and valvular involvement in SLE and raised ACA titres.