

Comment on: Inherited Thrombophilia and Pregnancy Complications: Should We Test?

Guillermo J. Ruiz-Argüelles, MD, FRCP (Glasg), MACP, DSc (hon)¹

¹Centro de Hematología y Medicina Interna, Clínica RUIZ, Puebla, Pue. Mexico

Semin Thromb Hemost 2019;45:554.

Address for correspondence Guillermo J. Ruiz-Argüelles, MD, FRCP (Glasg), MACP, DSc (hon), Centro de Hematología y Medicina Interna, Clínica RUIZ, 8B Sur 3710, 72530 Puebla, Pue., Mexico (e-mail: gruiz1@clinaruiz.com).

I read the paper by Arachchillage and Makris, entitled “Inherited Thrombophilia and Pregnancy Complications: Should We Test,” with interest.¹ The paper deals with several inherited thrombophilic conditions which may lead to obstetric complications and concludes that no thrombophilia tests are necessary in the study of a person with pregnancy complications.¹ Interestingly, the paper overlooks one inherited thrombophilic condition which may lead to obstetric complications: the sticky platelet syndrome (SPS).² We^{2,3} and others² have shown that SPS may lead to recurrent abortions and other obstetric complications.² We studied a group of 108 women with a clinical marker of thrombophilia and a history of venous or arterial thrombosis in which 77 (71%) had been pregnant at some point in time. Twenty-eight of these 77 patients (37%) had had a spontaneous abortion and 24 of those (86%) were found to have SPS. Moreover, in a subset of 73 female patients with SPS who had been pregnant, 32% had miscarriages. These figures are significantly higher than the prevalence of spontaneous abortions in the general Mexican population of pregnant women, which is 12 to 13% (Chi-square: 7.47; $p = 0.0063$). Accordingly, the relative risk of having a miscarriage is 2.66 times higher in female patients with SPS than in the general population ($p = 0.0014$). We concluded that in Mexico, female patients with SPS experience significantly more spontaneous abortions than the general population. Since the treatment of SPS is simple and effective (involving antiplatelet agents, such as aspirin) and could in turn prevent

adverse obstetric outcomes, its investigation in women studied for obstetric complications may be useful and deserves further research.

Accordingly, we and others²⁻⁵ think that the investigation of SPS in women, experiencing obstetric complications, should be undertaken and that adequate treatment may enable prevention of further obstetric complications.

Conflict of Interest
None.

References

- 1 Arachchillage DRJ, Makris M. Inherited thrombophilia and pregnancy complications: should we test? *Semin Thromb Hemost* 2019;45(01):50–60
- 2 Kubisz P, Ruiz-Argüelles GJ, Stasko J, Holly P, Ruiz-Delgado GJ. Sticky platelet syndrome: history and future perspectives. *Semin Thromb Hemost* 2014;40(05):526–534
- 3 Ruiz-Delgado GJ, Cantero-Fortiz Y, Mendez-Huerta MA, et al. Primary thrombophilia in México XII: miscarriages are more frequent in persons with the sticky platelet syndrome (SPS). *Turk J Haematol* 2017;34(03):239–243
- 4 Velázquez-Sánchez-de-Cima S, Zamora-Ortiz G, Hernández-Reyes J, et al. Primary thrombophilia in México X: a prospective study of the treatment of the sticky platelet syndrome. *Clin Appl Thromb Hemost* 2015;21(01):91–95
- 5 Kubisz P, Holly P, Stasko J. Sticky platelet syndrome: 35 years of growing evidence. *Semin Thromb Hemost* 2019;45(01):61–68