

抗リン脂質抗体症候群の治療方針試案

〈静脈血栓症〉

- ・ワーファリンが第一選択（INR 約 2.0）
- ・少量アスピリン（81-100 mg/日）の併用

〈動脈血栓症〉

- ・少量アスピリン必須
- ・血小板凝集抑制剤の併用：シロスタゾール 200mg/日、塩酸チクロピジン 100-200 mg/日、または他の血小板凝集抑制剤でもよい
- ・症例により¹⁾ ワーファリンの併用（INR 約 2.0）

〈妊娠合併症〉

- 1) 妊娠合併症の既往のある場合
 - (1) 少量アスピリン
 - (2) (1) が無効のとき、ヘパリン（または低分子ヘパリン）の併用
 - 2) 血栓症の既往のある場合
少量アスピリンとヘパリン（または低分子ヘパリン）併用
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1) 動脈血栓症でワーファリンが必要な場合：弁膜合併症の存在する時、明らかなトロンビン生成の亢進を認める場合、血小板凝集抑制剤を使用しても血栓症が再発するとき、など

IgG aPS/PT (U)

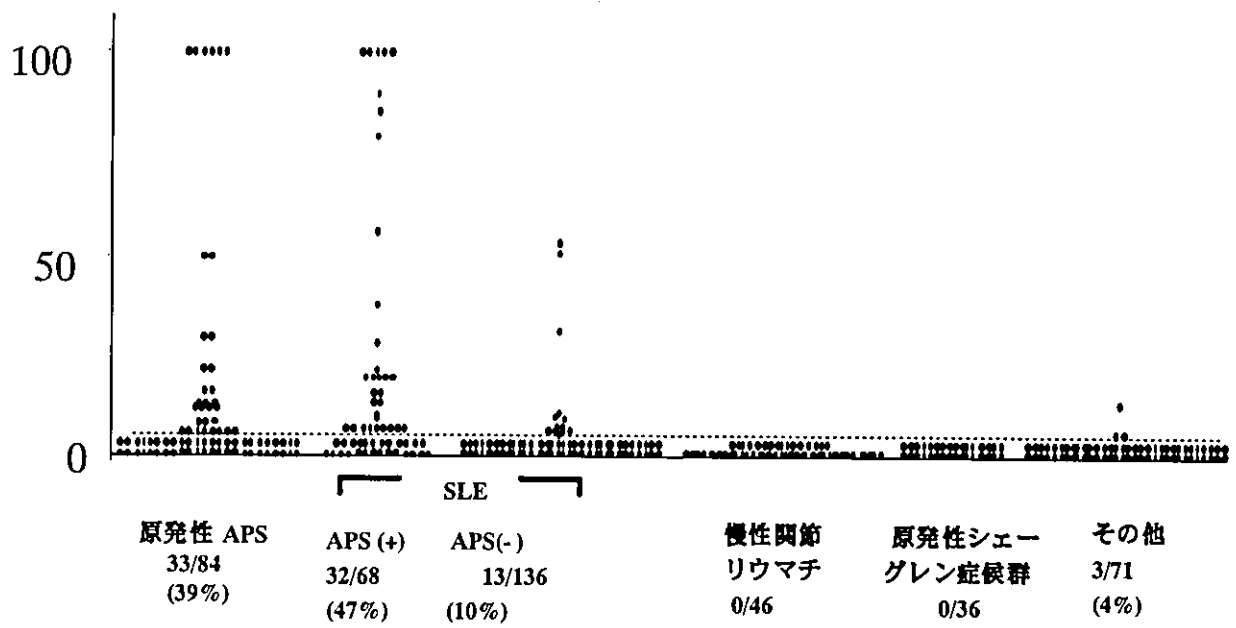


図 1. ホスファチジルセリン依存性抗プロトロンビン抗体の分布

F. 研究発表

1. 論文発表

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