Conclusions

The most common extra-criteria manifestations are thrombocytopenia, non-vascular neurological manifestations and valvular heart disease. And they can be the independent clinical feature of APLs without thrombotic events or Pregnancy morbidity.

Background

Portal vein thrombosis (PVT) is a rare and severe clinical phenotype of antiphospholipid syndrome (APS) with a poor prognosis. Anticoagulation therapy is efficient, but is associated with potentially severe side-effects, especially bleeding episodes. The aim of this study was to retrospectively analyze our single center experience on long-term anticoagulation in APS patients presenting a PVT.

Methods

A retrospective study of APS patients with PVT from 2012 to 2019 was conducted using the Hospital Information System of Peking Union Medical College Hospital. Basic clinical history and complications were collected. Regular imaging was performed to monitor the outcome of PVT. The recanalization rate of the PVT after anticoagulation was analyzed using the survival analysis.

Results

A total of 28 patients with APS-PVT were enrolled, 5 males and 23 females, with the median age 37 years (range 17–63 years), and the mean follow-up was 3 years (range, 0.5–7 years). 8 cases were acute thrombosis, 16 cases chronic thrombosis, and 4 cases portal vein cavernoma. The first symptoms presented as abdominal distention (14/28) or pain (7/28) and blood system involvements (22/28, anemia or thrombocytopenia), while presentation with variceal bleeding (4 cases) was less common, and 2 patients were asymptomatic. Triple aPLs positive in 7 cases. 10 cases began efficient anticoagulation therapy immediately at the diagnosis of thrombus. 8 patients got thrombus recanalization. 3 patients got recurrence. 5 patients died. Survival analysis revealed that effective anticoagulation could increase recanalization rate significantly (log rank p =0.001), as shown in figure 1.
Microparticles (MPs) (small membrane vesicles) have been reported in SLE patients, being an important source of autoantigens and inflammatory mediators. Based on these considerations, our study aims to measure the serum levels of sST2 in SLE patients, examining their association with disease activity and steroid consumption. Additionally, we aim to propose that MPs are an important source of ST2.

**Methods** Forty-six SLE patients were evaluated for disease activity (determined by SLEDAI), sST2 were measured by sandwich ELISA in serum samples and compared with 10 age- and sex-matched healthy controls (HCs). MPs were isolated from plasma from 9 SLE patients and 9 HCs, and we evaluated the ST2 content in these vesicles by western blot.

**Results** Serum sST2 level was significantly higher in active SLE patients compared with HCs ($p<0.001$), and in inactive patients compared with HCs ($p<0.01$). We demonstrated higher sST2 levels among SLE patients on steroid treatment, with MPs from SLE patients containing ST2.

**Conclusions** We found elevated serum sST2 level in SLE patients, being higher in active patients; therefore ST2 could be an activity SLE biomarker. Additionally, MPs from SLE patients contain ST2, thus MPs could be an important source of circulating ST2, transporting and transferring ST2 to different cells for intercellular communication, consequently contributing to SLE pathogenesis.

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