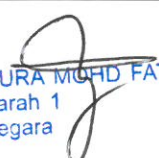


**NATIONAL BLOOD CENTRE
KUALA LUMPUR**

GUIDELINES FOR THROMBOPHILIA TESTING

<p>INDICATED FOR THROMBOPHILIA SCREENING:</p> <p><u>Lupus Anticoagulant / ACA / Anti-B2GP1:</u></p> <ol style="list-style-type: none"> 1. In the presence of unprovoked both arterial and venous thrombosis 2. Unexplained arterial thrombosis (young stroke or Myocardial Infarction) with no risk factors & age <50 year old 3. ≥ 3 unexplained miscarriage <10 weeks gestation 4. 1 or more unexplained foetal death >10 weeks gestation 5. Premature birth with normal morphology <35 weeks gestation due to severe pre-eclampsia or IUGR 6. Patients who have unprovoked Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) if plan to stop medication <p><u>Heritable Thrombophilia Testing:</u></p> <ol style="list-style-type: none"> 1. Patients <40 years of age who have unprovoked DVT or PE and had first degree relative who have DVT or PE and plan to stop medication 2. Neonates and children with purpura fulminans should be tested urgently for Protein C (PC) & Protein S (PS) 3. Adults who develop skin necrosis in association with VKAs, suggest to test PC and PS after stop treatment 4. If a women contemplating estrogen use OR pregnancy has a first degree relative with VTE and a known hereditary thrombophilia, test for thrombophilia if the result would change the decision to use estrogen/VTE prophylaxis during pregnancy <p>Note : thrombosis prone families (2 symptomatic family members)</p>	<p>NOT INDICATED FOR THROMBOPHILIA SCREENING:</p> <ol style="list-style-type: none"> 1. Patients who plan for continuing anticoagulant treatment 2. Patients who had provoked VTE 3. Asymptomatic people who had first degree relative of DVT, PE or thrombophilia 4. Do not offer heritable thrombophilia testing on patients who had an arterial thrombosis (young stroke or myocardial infarction) including paediatric stroke 5. Indiscriminate testing for heritable thrombophilia test on unselected patients with first episode of venous thrombosis 6. Patients with CVC related venous thrombosis or unselected patients with upper limb thrombosis 7. Patients with retinal vein occlusion 8. Women with hyperstimulation ovarian syndrome 9. Hospitalised patients to identify risk of acquired venous thrombosis 10. During acute episode of thrombosis & pregnancy 11. Patients on anticoagulant - should be discontinued as below : <ol style="list-style-type: none"> a. Warfarin: suggest to send 2 weeks after discontinuation b. UFH: suggest to send 24 hours post dose c. LMWH: suggest to send 24 hours post dose (min. 12 hrs) b. DOAC: suggest to send 72 hours post dose <p>References :</p> <ol style="list-style-type: none"> 1. British Journal of Haematology : Guidelines on The Investigation & Management of APS 2012; 157:47-58 2. British Journal of Haematology : Clinical Guidelines for Testing for Heritable Thrombophilia 2010:149:209-220 3. Journal of Thrombosis & Thrombolysis : Guidance for the Evaluation & Treatment of Hereditary & Acquired Thrombophilia 2016; 41:154-164 4. Clinical Practice Guideline in Prevention & Treatment of Venous Thromboembolism, 2013 5. European Journal of Rheumatology : The Clinical significance of APLS in SLE 2016; 3:75-84 6. ISTH: False-negative or false positive: Laboratory diagnosis of Lupus Anticoagulant at the time of commencement of anticoagulant: a rebuttal 2011;9:1435 -1436 7. IJLH: Frequent false-positive results of Lupus Anticoagulant tests In plasmas of patients receiving the new oral anticoagulants & Enoxaparin 2013; 36:144 - 150
<p>UNCERTAIN PREDICTIVE VALUE FOR RECURRENCE</p> <ol style="list-style-type: none"> 1. Test for heritable thrombophilia after first episode of cerebral vein thrombosis 2. Test for heritable thrombophilia after first episode of intra-abdominal vein thrombosis 3. SLE without history of thrombosis / pregnancy morbidities 	


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 23/10/18