

vs. 3.4 [3.0–3.7]); $p < 0.001$). **Discussion and Conclusion:** Triple-positive antiphospholipid antibody patients exhibit markedly delayed and ineffective fibrinolysis, favoring the formation of more persistent and resistant fibrin. These alterations may contribute to recurrent thrombotic events and obstetric complications. Findings highlight the need for closer monitoring of triple-positive antiphospholipid antibody patients and warrant further studies on fibrinolysis-targeted therapeutic strategies.

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ID – 2099

IMPORTANCE OF IGA CLASS ANTIPHOSPHOLIPID ANTIBODIES FOR THE PROGNOSIS OF ANTIPHOSPHOLIPID SYNDROME

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Introduction: While IgA anticardiolipin (aCL) and anti- $\beta 2$ Glycoprotein 1 ($\alpha 2$ GPI) testing doesn't enhance Antiphospholipid Syndrome (APS) diagnostic accuracy, their prognostic role remains unclear. Recent research suggests IgA-immune complexes can trigger thromboinflammatory responses, linking them to SLE diagnosis and thrombosis risk. **Objectives:** This study investigated if IgA positivity for aCL or $\alpha 2$ GPI associates with high-risk thrombotic APS patients, potentially serving as a prognostic marker. **Material and methods:** We assessed IgA positivity in 81 thrombotic APS patients at the University of Campinas (1990–2015). Exclusion criteria were no diagnostic criteria for APS, concomitant systemic autoimmune diseases and no history of thrombosis. **Results:** A total of 81 patients were included, 72.8% women and 27.2% men. 56 had venous and 25 arterial thrombosis. 41.9% of the patients had secondary APS, mostly due to systemic lupus erythematosus (SLE) and 20.9% had triple positivity for aPL. Overall, 24 patients (29.6%) were positive for IgA aCL ($n = 15$) or $\alpha 2$ GPI ($n = 23$). IgA positivity was not associated with demographic and clinical characteristics. Venous thrombosis was the index thrombotic event in IgA-positive patients ($n = 20$), compared to IgA-negative patients ($p = 0.06$). Recurrent thrombosis was similar between the groups ($p = 0.25$). While IgA positivity didn't correlate with secondary APS at

diagnosis, progression to SLE was associated with IgA-positivity (OR=43.8, 95% CI 2.1–902, $p = 0.004$). Also, IgA positive patients were 6 times more likely to be triple positive for aPL than IgA negative patients (OR=6.2, 95% CI 1.9–20). IgA-positive patients showed increased coagulation and inflammation, with significantly higher levels of TF (aCL $R = 0.26$, $\alpha 2$ GPI $R = 0.27$; $p = 0.05$), IL-8 (aCL $R = 0.3$, $\alpha 2$ GPI $R = 0.29$; $p = 0.03$), and TNF-alpha (aCL $R = 0.24$, $\alpha 2$ GPI $R = 0.29$; $p = 0.03$). FVW, IL-6, INF- α and ADAMTS-13 levels were similar between IgA-positive and -negative patients. **Discussion and Conclusion:** In the present cohort, we observed a higher frequency of triple positivity in patients with positive IgA aCL or $\alpha 2$ GPI in relation to patients with negative IgA. This suggests that testing for these specific IgA antibodies could serve as a substitute for standard diagnostic tests, especially when triple positivity testing isn't possible (for ex., in anticoagulated patients). The study showed a tendency toward more venous manifestations. Most notably, patients with positive IgA antibodies had a higher risk of developing SLE during follow-up, which suggests that detecting these antibodies could be useful for monitoring patients and watching for signs of SLE. Additionally, IgA-positive patients also demonstrated activation of coagulation and inflammation, with significant increases in TF, IL-8 and TNF-alpha levels. Our findings highlight that IgA antibodies are associated with a more inflammatory and hypercoagulable profile of APS, and could be used as a prognostic marker. The study's limitations include its retrospective design and the fact that the IgA antibodies were tested only once, without a follow-up test to confirm their persistence. In conclusion, our results showed that positive IgA-class antibodies are associated with triple positivity of aPL, increased inflammation and hypercoagulability state, which could reveal a reserved disease prognosis.

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INCIDÊNCIA DE TROMBOSE ASSOCIADA AO CATETER DE INSERÇÃO PERIFÉRICA (PICC) EM PACIENTES ONCO-HEMATOLÓGICOS, DO HOSPITAL DE CÂNCER DE BARRETOS, NOS ANOS DE 2023 E 2024: ESTUDO OBSERVACIONAL RETROSPECTIVO

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Objetivos: Avaliar a incidência de trombose relacionada ao cateter de inserção periférica (PICC) em pacientes onco-hematológicos diagnosticados com linfoma ou leucemia, e identificar o perfil de risco trombótico segundo escores clínicos validados. **Material e métodos:** Trata-se de um estudo observacional retrospectivo, realizado em hospital terciário, com análise de 174 prontuários eletrônicos de pacientes maiores de 18 anos com diagnóstico confirmado de linfoma ou leucemia, submetidos à inserção de PICC entre janeiro de 2023 e dezembro de 2024. Foram coletadas variáveis clínicas,