

## **HUGHES SYNDROME**

### **What is it?**

Hughes Syndrome (also known as 'sticky blood syndrome', Antiphospholipid Syndrome or APS) is an important cause of blood clotting problems and accounts for as many as one in five cases of recurrent miscarriage.

It is linked to an increased risk of vein thrombosis, including blood clots in the legs such as deep vein thrombosis (DVT). It also carries a greater risk of more dangerous arterial thrombosis, including strokes and heart attacks. One in five cases of stroke in young people (under 45) is associated with Hughes Syndrome.

### **Why does it happen?**

Hughes Syndrome is caused by the presence of antibodies in the blood, called antiphospholipid antibodies. These antibodies make the immune system work too hard, increasing blood clotting. Blood clotting can affect anyone of any age and can happen suddenly e.g. leg thrombosis or over a number of years.

Women with the syndrome are at increased risk of miscarriage because the sticky blood caused by the condition can't get through the delicate small blood vessels to the baby growing in the womb. Although the exact sequence of events isn't yet clear (and may vary from woman to woman, pregnancy to pregnancy), without adequate nutrients the placenta fails and the baby is lost. Miscarriage typically occurs in the second trimester (second third) of pregnancy.

Unfortunately, some women suffer many miscarriages before Hughes Syndrome is diagnosed and the appropriate treatment given.

### **What are the symptoms?**

Those with Hughes Syndrome are at greater risk of the following:

- thrombosis in the veins of legs, arms and internal organs (such as, kidney, liver, lung, brain and eye)
- thrombosis in the arteries, which can lead to recurrent stroke, headaches, neurological problems and heart attacks
- low platelet count in the blood
- multiple sclerosis-like episodes
- chorea (abnormal movements)
- memory loss
- seizures
- heart valve disease
- skin rash known as livedo reticularis
- recurrent miscarriage.

### **Treatment**

Hughes Syndrome can be confirmed through blood tests.

Treatment is usually simple and aimed at preventing the formation of clots or thrombus using aspirin or heparin, or both. Only a low dose of aspirin is needed (75mg a day).

A woman's chance of carrying a baby to term may be increased from 19 to 70 per cent if aspirin is taken regularly and a heparin injection also given. Heparin doesn't cross the placenta and isn't known to cause any harm to the foetus, although long-term use may be linked to osteoporosis in the mother (newer low molecular weight heparin may cause fewer problems).

Once a thrombosis has occurred, warfarin is usually given. However, this treatment must be monitored and cannot be given in pregnancy.

### **Future Pregnancy**

Hughes Syndrome can be the cause of recurrent miscarriages. However, with the right diagnosis and treatment, successful pregnancy is possible.

### **Further Information**

**The Hughes Syndrome Foundation** is a UK charity dedicated to promoting awareness of and funding research into Hughes Syndrome.

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Website: [www.hughes-syndrome.org](http://www.hughes-syndrome.org)