International Consensus Statement – Criteria for the Definite Diagnosis of APLS:

In order to make the definitive diagnosis of APLS, the patient must meet at least one clinical criteria and at least one laboratory criteria.

Clinical criteria:
- Vascular thrombosis (arterial, venous, or small-vessel thrombus in any organ)
- Complication of pregnancy
  - \( \geq 1 \) unexplained fetus death after 10 weeks (morph. normal fetus)
  - \( \geq 1 \) premature births before 34 weeks (morph. normal fetus)
  - \( \geq 3 \) unexplained consecutive spontaneous abortions before 10 weeks of gestation

Laboratory criteria:
- Anticardiolipin antibodies (positive on two or more occasions, at least six weeks apart)
- Lupus anticoagulant antibodies (positive on two or more occasions, at least six weeks apart)

Making the laboratory diagnosis: assumes that the patient is not currently receiving anticoagulation...

Step 1: Is the PTT elevated?
- If yes, proceed directly to mixing study.
- If no, check dilute Russell viper venom time (RVVT). The RVVT is more specific to the part of the coagulation cascade that requires phospholipids. Therefore, the RVVT is a more sensitive test for APLS.
  - If the RVVT is normal, STOP \( \Rightarrow \) the patient most likely does not have APLS
  - If the RVVT is prolonged (abnormal), proceed to the mixing study.

Step 2: Does the mixing study correct the prolonged PTT (or RVVT)?
- If yes, the problem is most likely a factor deficiency. Run an “incubated” mixing study. If the PTT remains corrected, the problem is a factor deficiency. If the PTT (or RVVT) begins to prolong again, see below.
- If no, the problem is either APLS or a factor inhibitor.

Step 3: Does the PTT (or RVVT) correct with addition of excess phospholipids?
- If yes, you have your diagnosis: antiphospholipid syndrome.
- If no, the problem is a factor inhibitor.