

All About Antiphospholipid Syndrome (Hughes Syndrome)



Medically reviewed by Daniel Murrelli, M.D. — Written by Kathryn Watson — Updated on August 31, 2018

Symptoms | Causes | Diagnosis | Treatment | Diet and exercise | Outlook

Overview

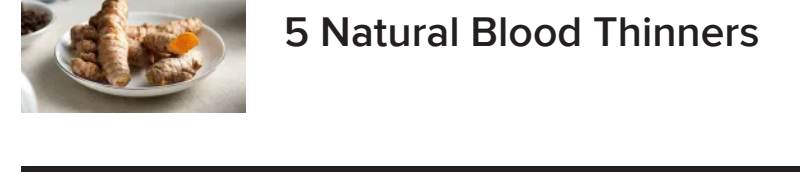
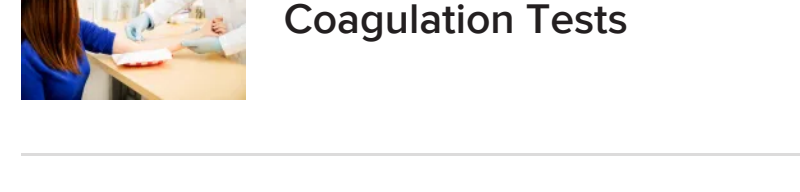
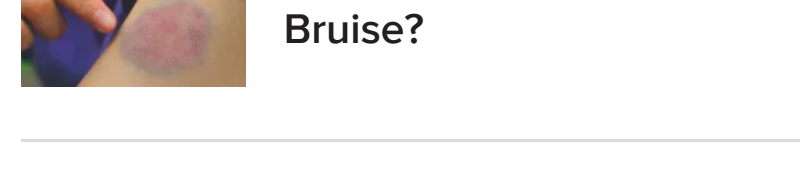
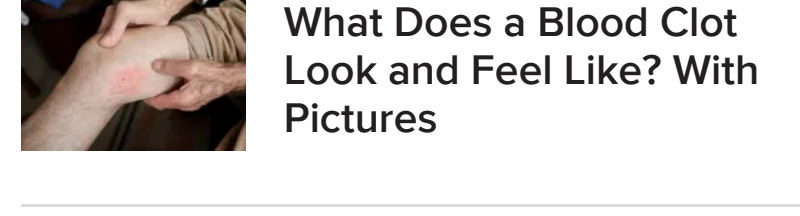
Hughes syndrome, also known as "sticky blood syndrome" or antiphospholipid syndrome (APS), is an autoimmune condition that affects the way that your blood cells bind together, or clot. Hughes syndrome is considered rare.

Women who have recurring miscarriages and people who have a stroke before age 50 sometimes discover that Hughes syndrome was an underlying cause. It's estimated that Hughes syndrome affects three to five times as many women as men.

Though the cause of Hughes syndrome is unclear, researchers believe that diet, lifestyle, and genetics can all have an impact on developing the condition.

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Symptoms of Hughes syndrome

The symptoms of Hughes syndrome are hard to spot, as blood clots aren't something you can easily identify without other health conditions or complications. Sometimes Hughes syndrome causes a lacy red rash or bleeding from your nose and gums.

Other signs that you may have Hughes syndrome include:

- recurring miscarriage or stillbirth
blood clots in your legs
transient ischemic attack (TIA) (similar to a stroke, but without permanent neurologic effects)
stroke, especially if you're under the age of 50
low blood platelet count
heart attack

People who have lupus may be more likely to have Hughes syndrome.

In rare cases, untreated Hughes syndrome can escalate if you have simultaneous clotting incidences throughout the body. This is called catastrophic antiphospholipid syndrome, and it can cause serious damage to your organs as well as death.

Causes of Hughes syndrome

Researchers are still working to understand the causes of Hughes syndrome. But they've determined that there's a genetic factor at play.

Hughes syndrome isn't passed down directly from a parent, the way that other blood conditions, like hemophilia, can be. But having a family member with Hughes syndrome means that you're more likely to develop the condition.

It's possible that a gene connected to other autoimmune conditions also triggers Hughes syndrome. That would explain why people with this condition often have other autoimmune conditions.

Having certain viral or bacterial infections, like E. coli or the parvovirus, may trigger Hughes syndrome to develop after the infection has cleared. Medication to control epilepsy, as well as oral contraceptives, may also play a role in triggering the condition.

These environmental factors may also interact with lifestyle factors — like not getting enough exercise and eating a diet high in cholesterol — and trigger Hughes syndrome.

But children and adults without any of these infections, lifestyle factors, or medication use can still get Hughes syndrome at any time.

More studies are needed to sort out the causes of Hughes syndrome.

Diagnosis of Hughes syndrome

Hughes syndrome is diagnosed through a series of blood tests. These blood tests analyze the antibodies that your immune cells make to see if they behave normally or if they target other healthy cells.

A common blood test that identifies Hughes syndrome is called an antibody immunoassay. You may need to have several of these done to rule out other conditions.

Hughes syndrome can be misdiagnosed as multiple sclerosis because the two conditions have similar symptoms. Thorough testing should determine your correct diagnosis, but it can take some time.

Treatment of Hughes syndrome

Hughes syndrome may be treated with blood thinners medication that reduces your risk of blood clots).

Some people with Hughes syndrome don't present the symptoms of blood clots and won't require any treatment beyond aspirin to prevent the risk of clots developing.

Anticoagulant medications, like warfarin (Coumadin) may be prescribed, especially if you have a history of deep vein thrombosis.

If you're trying to carry a pregnancy to term and have Hughes syndrome, you may be prescribed a low-dose aspirin or a daily dose of the blood thinner heparin

Women with Hughes syndrome are 80 percent more likely to carry a baby to term if they're diagnosed and start a simple treatment.

Diet and exercise for Hughes syndrome

If you're diagnosed with Hughes syndrome, a healthy diet can reduce your risk of possible complications, like stroke.

Eating a diet that's rich in fruits and vegetables and low in trans fats and sugars will give you a healthier cardiovascular system, making blood clots less likely.

If you're treating Hughes syndrome with warfarin (Coumadin), the Mayo Clinic advises you to be consistent with how much vitamin K you consume.

While small amounts of vitamin K might not impact your treatment, regularly varying your intake of vitamin K can make your medication efficacy change dangerously. Broccoli, Brussels sprouts, garbanzo beans, and avocado are some of the foods that are high in vitamin K.

Getting regular exercise can also be a part of managing your condition. Avoid smoking and maintain a healthy weight for your body type to keep your heart and veins strong and more resistant to damage.

The outlook

For most people with Hughes syndrome, signs and symptoms can be managed with blood thinners and anticoagulant medications.

There are some cases where these treatments aren't effective, and other methods need to be used to keep your blood from clotting.

If left untreated, Hughes syndrome can damage your cardiovascular system and increase your risk for other health conditions, like miscarriage and stroke. Treatment of Hughes syndrome is lifelong, as there's no cure for this condition.

If you have had any of the following, speak with your doctor about getting tested for Hughes syndrome:

- more than one confirmed blood clots that caused complications
one or more miscarriages after the 10th week of pregnancy
three or more early miscarriages in the first trimester of pregnancy

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