**RVVT Texts**

**Result:**

Positive (lupus anticoagulant detected); see comment.

Negative (no lupus anticoagulant detected); see comment.

Equivocal; see comment.

**Clinical Interpretation by Pathologist:**

**FIRST PARAGRAPH**

The RVVT test is POSITIVE for lupus anticoagulant according to the manufacturer’s and international guidelines for interpretation.

The RVVT test is NEGATIVE for lupus anticoagulant according to the manufacturer’s and international guidelines for interpretation.

THREE EQUIVOCALS:

The RVVT test is positive for lupus anticoagulant according to the manufacturer’s guidelines for the interpretation of test results. However, the RVVT test does not meet criteria for lupus anticoagulant according to published international guidelines (J Thromb Haemost 2009; 7: 1737-40). The result is therefore EQUIVOCAL.

The RVVT test is negative for lupus anticoagulant according to the manufacturer’s guidelines for the interpretation of test results. However, the results appear to be meet criteria for lupus anticoagulant according to published international guidelines (J Thromb Haemost 2009; 7: 1737-40). The results are therefore EQUIVOCAL.

Although the RVVT test is positive for lupus anticoagulant according to the manufacturer’s guidelines for interpretation, review of the clinical history indicates [current warfarin therapy/a prolonged prothrombin time] and the results do not definitively demonstrate an inhibitor, a criterion for lupus anticoagulant according to published international guidelines (J Thromb Haemost 2009; 7: 1737-40). Therefore, the result is EQUIVOCAL.

BORDERLINE BEST INTERPRETED AS NEGATIVE

Although the borderline results of this RVVT test could be considered positive for lupus anticoagulant according to the manufacturer’s guidelines for the interpretation of test results, the RVVT test does not meet criteria for lupus anticoagulant according to published international guidelines (J Thromb Haemost 2009; 7: 1737-40) and the results do not definitively demonstrate an inhibitor. Overall, the best interpretation of these findings is as NEGATIVE for lupus anticoagulant.

**SECOND PARAGRAPH**

[A negative test result in this assay does not exclude the possibility of a lupus anticoagulant.] Current guidelines suggest testing for lupus anticoagulant with two clot based tests (J Thromb Haemost 2009; 7: 1737-40) and it is noted that the concurrent lupus anticoagulant by HEXA assay is [also positive/negative/equivocal] in this patient. Lupus anticoagulant testing should be considered positive if one of the two tests gives a positive result. [Given the negative results in both the RVVT and Lupus Anticoagulant by HEXA assays, the findings are negative for Lupus Anticoagulant.]

**THIRD PARAGRAPH**

FOR POSITIVES

Testing for lupus anticoagulant in the presence of anticoagulant therapy (including warfarin, direct thrombin inhibitors & direct factor 10a inhibitors, and supratherapeutic heparin) is not recommended due to possible interference with test results. Clinical correlation is advised as anticoagulation therapy may result in a false positive result; [in this sample a false positive is however unlikely given the strength of the positive result.] The presence of factor deficiencies or a factor specific inhibitor may also interfere with this assay.

FOR EQUIVOCALS AND NEGATIVES

Testing for lupus anticoagulant in the presence of anticoagulant therapy (including warfarin, direct thrombin inhibitors & direct factor 10a inhibitors, and supratherapeutic heparin) is not recommended due to possible interference with test results. The presence of factor deficiencies or a factor specific inhibitor may also interfere with this assay. Clinical correlation is advised.

**FOURTH PARAGRAPH**

[Positive test/Test] results must be interpreted in their clinical context if a diagnosis of antiphospholipid syndrome is being considered. J Thromb Haemost 2006; 4: 295–306 provides consensus guidelines for diagnosis of antiphospholipid syndrome.

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**ADDITIONAL POTENTIALLY USEFUL COMMENTS.**

It is noted that this patient is currently on warfarin therapy.

The electronic medical record indicates that the patient is being treated with warfarin. Warfarin therapy can prolong the RVVT, as was observed in this sample.

Although repeat testing could be considered if clinically indicated, the findings are not suggestive of the presence of lupus anticoagulant.

It is noted that the PT is prolonged, which suggests the possibility of a factor deficiency contributing to the slight prolongation of the RVVT observed in this assay.

The sample exhibits a prolonged PT as well as a prolonged aPTT. In addition, the mixing study/inhibitor screen on the aPTT shows no evidence of an inhibitor. These concurrent results could reflect factor deficiencies, which may limit interpretation of lupus anticoagulant testing.

Review of the clinical record suggests that the patient was receiving enoxaparin at the time this sample was drawn; cautious interpretation of this result is recommended and re-testing off of anticoagulation therapy is suggested if clinically indicated.

It is noted that the PTT is elevated, the fibrinogen levels are decreasing, and the d-dimer is elevated at >14,000 (performed M-D-Y), suggesting the presence of disseminated intravascular coagulation. A consumptive coagulopathy can interfere with RVVT results. Repeat testing once the clinical situation has improved could be considered to confirm the results.