LIPIDS APHERESIS: TO WHOM? WHEN? AND HOW?

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To whom? Extracorporeal elimination of apoB-100 containing atherogenic lipoproteins – LDL apheresis or Lp(a) apheresis is currently the most effective therapeutic approach for the following patients categories: familial hypercholesterolemia (FH); patients with elevated LDL to whom target levels could not be achieved by lipid lowering drugs therapy; patients with normal TC and LDL, but solo elevated Lp(a); patients with severe lipids abnormalities after CABG.

When? Therapeutic apheresis could be prescribed and started for FH as earlier as possible; for CAD patients as soon as resistance to the drugs therapy is proved; for patients after CABG during 3-8 weeks after surgery.

How? Specificity of the system, which is used for the apheresis, become very sensitive issue for the chronic treatment. Columns with Immunosorbents are the most specific from the currently available systems for Lipids apheresis. This approach is unified biotechnological platform, using the top specific antigen-antibody interaction, for removal different pathogens from human blood. We have used system for LDL apheresis since 1983 and observed its significant clinical impact in skin xanthomas resolution during the first year of weekly treatment, improvement of myocardial function and significant stabilization, or even regression of coronary atherosclerosis. The removal of Lp(a) up to the normal range by specific Lp(a) apheresis resulted in the health status improvement. Combined Lp(a) & LDL apheresis is the good mean for treatment of CAD patients.

Conclusion. Lipid apheresis by immunosorbents is safe, effective and helpful for many severe lipids abnormalities patients. For some cases this therapeutic approach is live saving procedure.