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The Importance of Anticardiolipin Antibody and Antiplatelet Antibody in the Development of Thrombocytopenia in Cirrhosis

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**Abstract:** Objective: The purpose of the present study was to investigate the effects of the presence of hypersplenism, antiplatelet antibody and anticardiolipin antibody, which are thought to be important factors, on the development of thrombocytopenia in patients with cirrhosis with viral etiology. Methods: This study includes 44 patients with cirrhosis related to HBV and HCV, and 12 healthy control subjects. Spleen size was evaluated by ultrasonography, the presence of antiplatelet antibody by flow cytometry, and IgG and IgM isotypes of anticardiolipin antibody by enzyme immunoassay. Results: There was a significant difference in ultrasonographic spleen size between the patients with and without thrombocytopenia ( $p < 0.05$ ). The presence of antiplatelet antibody was demonstrated in 19 patients (43%) with cirrhosis, whereas none of the control subjects had antiplatelet antibody. In our study we found no relationship between the presence of antiplatelet antibody and platelet count or severity of thrombocytopenia. Of 31 patients with cirrhosis, six (19%) had anticardiolipin antibody. There was no relationship between IgG and IgM isotypes and anticardiolipin antibody platelet count, presence and severity of thrombocytopenia. Conclusions: Our results support the idea that spleen size is an important factor development of thrombocytopenia in patients with cirrhosis with viral etiology. Antiplatelet antibody and anticardiolipin antibody are often found in patients with cirrhosis. However, we obtained no data regarding any role which these antibodies play in the immune degradation of platelets.

**Key Words:** Cirrhosis, thrombocytopenia, anticardiolipin antibody, antiplatelet antibody

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