

Raising awareness of antiphospholipid antibody syndrome



Speaking to the BBC last week, Graham Hughes, who first described antiphospholipid syndrome in 1983, urged for more efforts to raise awareness of this disorder, which often remains undiagnosed and untreated with catastrophic consequences, such as multiple miscarriages, or stroke at a young age.

Antiphospholipid syndrome is defined by the presence of a medium or high titre of antiphospholipid antibodies (lupus anticoagulant, anticardiolipin antibodies, and anti- β_2 -glycoprotein-1 antibodies) on at least two occasions more than 12 weeks apart in patients with recurrent thromboembolism. Other symptoms include migraine, memory loss, confusion, visual disturbances, abdominal pain, and a characteristic rash—livedo reticularis. Primary antiphospholipid syndrome, also called Hughes' syndrome, is not associated with any other autoimmune disease. The secondary form most commonly occurs in patients with systemic lupus erythematosus but also with other autoimmune diseases.

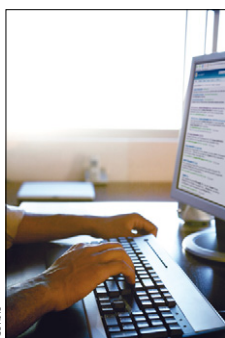
The exact prevalence of antiphospholipid antibody syndrome is unknown but is estimated to be at 2–4%

in the general population. More than 50% of affected individuals are thought to have the primary form but some 10% will be diagnosed with an associated autoimmune disease at a later stage. In a recent study (RATIO) of women younger than 50 years who presented with stroke or myocardial infarction, lupus anticoagulant was found in 17% of patients with stroke and in 3% with myocardial infarction compared with 0.7% in controls.

The optimum anticoagulation regimen is being actively investigated. Initial treatment of the thromboembolic event is the same as that without the underlying disorder. Long-term oral anticoagulation is the general recommendation but the optimum duration is unknown. If antiphospholipid antibodies are discovered in the absence of any thrombotic event, the role of prophylactic anticoagulation is unknown but low-dose aspirin is used. Apart from further research, the most important advance would be an increased awareness about this disorder, especially among primary care physicians, with early diagnosis and prevention of future thromboembolic events. ■ *The Lancet*

For more on the RATIO study see *Lancet Neurol* 2009; 8: 998–1005

Time for a responsible internet age



The internet has revolutionised publishing. Through user-generated content anyone can make words, images, or videos public. But should internet sites that allow such content to be posted be responsible for what is uploaded?

Italy thinks so. Last week, an Italian court ruled that Google had violated the country's privacy laws by allowing a video showing a teenage boy with autistic spectrum disorder being bullied by his classmates to be posted on its Google Video site. The video in question was posted in early September, 2006. Google took the video down in early November that year after being alerted to its existence by Italian police, which meant it had been on their site for 2 months.

The ruling has sparked furious debate. It has been billed as a threat to internet freedom because it implies that user-generated content should be vetted by internet sites. Some have argued, for example, that user-generated content should not be censored because it has helped to draw attention to abuses committed by oppressive regimes. But there is a difference between material posted

to cause offence, embarrassment, or to incite hatred and harm, and that published to inform the world of human-rights abuses. A distinction can be made. There is clearly no public benefit to be gained by hosting a video of a child with a disability being verbally and physically abused. As well as causing further distress to the individual and his family, such a posting might encourage abuse or discrimination of people with disabilities.

Screening user-generated content would dent Google's multibillion dollar business but it is not impossible. Until recently, Google was censoring its search-engine results in China, as requested by the government. This arrangement was a dubious use of the company's resources but it suggests that it is capable of filtering information.

Google does seem to want to do good. In 2004, it launched a not-for-profit arm—Google.org. It should see protecting the dignity of vulnerable people on its websites as a necessary ethical and philanthropic venture. Google and other internet sites have to be responsible for the user-generated content they host. ■ *The Lancet*