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Clinical significance of C4d in SLE and antiphospholipid syndrome

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Stellingen

Behorend bij het proefschrift

Clinical Significance of C4d in SLE and antiphospholipid syndrome

1. Classical complement activation contributes to tissue injury in lupus nephritis, neuropsychiatric SLE and SLE-induced pregnancy complications. (this thesis)
2. Presence of glomerular C4d in patients with lupus nephritis is associated with thrombotic microangiopathy, but not necessarily to antiphospholipid syndrome. (this thesis)
3. Presence of C4d in cerebral arterioles and venules of patients with SLE links antibody mediated inflammation to ischaemic injury and cerebral microthrombi. (this thesis)
4. Placental C4d is strongly associated to SLE and antiphospholipid antibody induced fetal loss (this thesis)
5. C4d is a widely used biomarker for the detection of humoral rejection of the renal allograft, and can now also be considered as marker of humoral rejection of the fetal allograft. (this thesis)
6. The glomerular filtration barrier, the blood brain barrier and the fetal-maternal interface share vulnerability for excessive complement activation. (this thesis)
7. Every patient with SLE or antiphospholipid syndrome who wants to become pregnant should be counseled preconceptionally. Once pregnant, the management should be carried out by a multidisciplinary team of experienced specialists.
8. The presence of vasculopathy and complement deposition in cerebral vessels of SLE patients with and without neuropsychiatric symptoms, further confirms the existence of 'the lupus fog'.
9. We have been using the right drug for the wrong reasons (*Jane Salmon, about the use of heparin to prevent antiphospholipid antibody-mediated fetal loss*)
10. Combining knowledge from transplant rejection studies and recurrent miscarriage research will likely lead to improved understanding of both mechanisms.
11. Having an exciting (scientific) idea is like standing on top of a steep slope with fresh powder snow. You have only one chance of making a nice first track, there is always the risk of getting into a data-avalanche and it is unwise to ski down alone or without an experienced guide.
12. So please, oh please, we beg, we pray, go throw your TV away, and in its place you can install, a lovely bookcase on the wall. (*Roald Dahl, Charlie & the Chocolate Factory*)
13. Every patient tells a story. (*Lisa Sanders, internist on the faculty of Yale University School of Medicine and technical advisor for the TV series 'House.M.D'*)
14. Feel the fear and cook it anyway! (*Nigella Lawson, NRC Next, December 2010*)