Errata 2

Article title: GENETIC AND BIOCHEMICAL THROMBOSIS RISK MARKERS IN PREGNANCY. I. COAGULATION PATHWAYS

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Table 1. Biochemical parameters of thrombosis risk assay

Biochemical parameters	**Protein C**	**Protein S**	**Atithrombin III**	**Lupus Ab**
Abnormal value / Deficiency	< 70 / 17%	< 54 /17%	< 80 / 0	Absent
Reference range / Normal	70-140 / 83%	54,7-123,7 / 83%	80-120 / 100%	Absent

Table 2. Polymorphic genotypes distribution in the studied groups

Genotype / *Variation*	**Factor V Leiden**	**Factor V R2**	**Factor II**	**Factor XIII**	**PAI-1**	**EPCR**
MM (homozygote)	2,5%	0	0	0	25%	A1/A3 - 12,5%
						A3/A3 - 6.,25%
						A1/A1 - 6,25%
MW (heterozygote)	5%	19%	0	31%	63%	A1/A2 - 21%
						A1/A2 - 25%
WW (wilde type homozygote)	92,5%	81%	100%	69%	12%	A2/A2 - 29%

Table 3 Risk assessment and patients' management for inherited thrombophilia

Patients' clasification	**High risk patients**	**Intermediate risk patients**	**Low risk patients**
Patients' profile	Patients'profile Factor V Leiden homozygous, prothrombin gene homozygous, compound heterozygous, Antithrombin deficiency, any thrombophilia and history of thrombotic events	Low-risk thrombophilia with a strong family history of thrombotic events	Factor V Leiden heterozygous, prothrombin gene mutation heterozygous, protein C or S deficiency, lack of personal/family history of thrombotic events
Management	LMWH antepartum and for4–6 weeks postpartum	Prophylactic LMWH antepartum and 4–6 weeks postpartum	Clinical surveillance antepartum and anticoagulation for 4–6 weeks postpartum