

Appendix

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Appendix to: Golder V, Hoi A. What's new in systemic lupus erythematosus. *Med J Aust* 2017; 206: 215-220. doi: 10.5694/mja16.01229.

Appendix: Detailed classification criteria for systemic lupus erythematosus

Systemic Lupus International Collaborating Clinics (SLICC) Criteria ¹		American College of Rheumatology (ACR) Criteria ²				
Cli	Clinical criteria					
1.	Acute cutaneous lupus	1. Malar rash				
0	Lupus malar rash (do not count if malar discoid) Bullous lupus	 Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds 				
0	Toxic epidermal necrolysis variant of SLE					
0	Maculopapular lupus rash					
0	Photosensitive lupus rash in the absence of					
0	dermatomyositis Subacute cutaneous lupus (nonindurated					
	psoriasiform and/or annular polycyclic					
	lesions that resolve without scarring,					
	although occasionally with post					
	inflammatory dyspigmentation or					
	telangiectasias)					
2.	Chronic cutaneous lupus	2. Discoid rash				
0	Classic discoid rash	 Erythematous raised patches with adherent 				
0	Localized (above the neck)	keratotic scaling and follicular plugging;				
0	Generalized (above and below the neck)	atrophic scarring may occur in older lesions				
0	Hypertrophic (verrucous) lupus					
0	Lupus panniculitis (profundus)					
0	Mucosal lupus					
0	Lupus erythematosus tumidus					
0	Chillblains lupus					
0	Discoid lupus/lichen planus overlap Oral ulcers	3. Oral ulcers				
3. 0	Palate, buccal, tongue or nasal ulcers in the	Oral or nasopharyngeal ulceration, usually				
	absence of other causes, such as vasculitis,	painless, observed by physician				
	Behcet's disease, infection (herpes virus),	paintess, observed by priyoloidin				
	inflammatory bowel disease, reactive					
	arthritis, and acidic foods					
4.	Nonscarring alopecia	4. Photosensitivity				
0	Diffuse thinning or hair fragility with visible	 Skin rash as a result of unusual reaction to 				
	broken hairs, in the absence of other causes	sunlight, by patient history or physician				
	such as alopecia areata, drugs, iron	observation				
	deficiency, and androgenic alopecia					
5.	Synovitis	5. Non erosive Arthritis				
0	Involving 2 or more joints, characterized by	Involving 2 or more peripheral joints,				
	swelling or effusion	characterized by tenderness, swelling or				
0	OR tenderness in 2 or more joints and at	effusion				
least 30 minutes of morning stiffness 6. Serositis		6. Serositis				
0.	Typical pleurisy for more than 1 day OR	Pleuritisconvincing history of pleuritic pain				
	pleural effusions OR pleural rub	or rubbing heard by a physician or evidence				
0	Typical pericardial pain (pain with	of pleural effusion, OR				
	recumbency improved by sitting forward) for	Pericarditisdocumented by				
	more than 1 day, OR pericardial effusion, OR	electrocardiogram or rub or evidence of				
	pericardial rub, OR pericarditis by	pericardial effusion				
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Tessler's pericarditis 7. Renal ○ Urine protein-to-creatinine ratio (or 24-hour urine protein) representing 500 mg protein/24 hours ○ OR red blood cell casts 8. Neurologic ○ Seizures ○ Psychosis ○ Mononeuritis multiplex in the absence of other known causes such as primary vasculitts, infection, and diabetes mellitus ○ Persistent proteinuria > 0.5 grams per day or > than 3+ if quantitation not performed, OR or Cellular casts—may be red cell, haemoglobin, granular, tubular, or mixed 8. Neurologic disorder ○ Seizures ○ Psychosis ○ Mononeuritis multiplex in the absence of other known causes such as primary vasculitis, infection, and diabetes mellitus ○ Myelitis ○ Persistent proteinuria > 0.5 grams per day or > than 3+ if quantitation not performed, OR or Cellular casts—may be red cell, haemoglobin, granular, tubular, or mixed 8. Neurologic disorder ○ Seizures—in the absence of offending drugs or known metabolic derangements; e.g., uremia, and trush absence of other known causes such as primary vasculitis, infection, and diabetes mellitus ○ Acute confusional state in the absence of other causes, including toxic/metabolic, uremia, drugs 9. Haemolytic anaemia—with reticulocytosis. OR ○ Leukopaenia (<0,000/mm3 at least once) in the absence of other known causes such as Felty's syndrome, drugs, and portal hypertension. OR ○ Lymphopaenia (<1,000/mm3), At least once) 11.Thrombocytopaenia ○ (<100,000/mm3), At least once in the absence of other known causes, ie drugs, portal hypertension, and TTP. Laboratory criteria 1. Antinuclear antibody ○ Level above laboratory reference range 1. Antinuclear antibody ○ Level above laboratory reference range (or >2-fold the reference range if tested by ELISA) 3. Anti-Sm antibody ○ Presence of antibody to Sm nuclear antigen 4. Antiphospholipid antibody positivity An abnormal titre OR Anti-Sm: presence of antibody to Sm nuclear antigen O an abnormal titre OR Anti-Sm: presence of antibody to Sm nuclear antigen Anti-Sm: presence of antibody to Sm nuclear							
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, ,	4. Antiphospholipid antibody positivity	 an abnormal serum level of IgG or 					
	As determined by any of the following:	IgM anticardiolipin antibodies,					
 Positive test result for lupus anticoagulant a positive test result for lupus 	 Positive test result for lupus anticoagulant 	 a positive test result for lupus 					
 False-positive test result for rapid plasma anticoagulant using a standard 		anticoagulant using a standard					

	reagin		method, or			
0	Medium- or high-titer anticardiolipin	0	a false-positive test result for at least			
	antibody level (IgA, IgG, or IgM)		6 months confirmed by Treponema			
0	Positive test result for anti–β2 -glycoprotein I		pallidum immobilization or			
	(IgA, IgG, or IgM)		fluorescent treponemal antibody			
5.	Low complement		absorption test			
0	Low C3 OR					
0	Low C4 OR					
0	Low CH50					
6.	6. Direct Coombs' test					
0	Positive test in the absence of haemolytic					
	anaemia					
Re	Requirement for diagnosis					
Me	Meets 4 SLICC criteria (with at least one		f 11 ACR criteria			
cri	terion being clinical and at least one					
criterion being immunological)						
Or, alternatively in the presence of biopsy						
pro	oven lupus nephritis and at least one					
immunological criterion						

References

- Petri M, Orbai AM, Alarcon GS, et al. Derivation and validation of the Systemic Lupus International Collaborating Clinics classification criteria for systemic lupus erythematosus. *Arthritis Rheum* 2012; 64: 2677-2686.
 Hochberg MC. Updating the American College of Rheumatology revised criteria for the classification of systemic lupus erythematosus. *Arthritis Rheum* 1997; 40: 1725.