

In Clinical Scenario

Diagnostic criteria SLE- If ≥ 4 of the following criteria, well documented, are present at any time in a patient's history, the diagnosis is likely to be SLE. Specificity is $\sim 95\%$; sensitivity is $\sim 75\%$

1. Malar rash - Fixed erythema, flat or raised, over the malar eminences.
2. Discoid rash - Erythematous circular raised patches with adherent keratotic scaling and follicular plugging; atrophic scarring may occur.
3. Photosensitivity - Exposure to ultraviolet light causes rash
4. Oral ulcers - Includes oral and nasopharyngeal ulcers, observed by physician
5. Arthritis - Nonerosive arthritis of two or more peripheral joints, with tenderness, swelling, or effusion
6. Serositis - Pleuritis or pericarditis documented by ECG or rub or evidence of effusion
7. Renal disorder - Proteinuria >0.5 g/d or $\geq 3+$, or cellular casts
8. Neurologic disorder - Seizures or psychosis without other causes
9. Hematologic disorder - Hemolytic anemia or leukopenia ($<1500/\mu\text{L}$) thrombocytopenia ($<100,000/\mu\text{L}$) in the absence of offending drugs
10. Immunologic disorder - Anti-dsDNA, anti-Sm, and/or anti-phospholipid
11. Antinuclear antibodies - An abnormal titer of ANA by immunofluorescence or an equivalent assay at any point in time in the absence of drugs known to induce ANAs. Antinuclear antibodies (ANA) are positive in $>98\%$ of patients during the course of disease; repeated negative tests suggest that the diagnosis is not SLE.

Dr. Meenakshi Bhattacharya
Prof & HOD Medicine, Aurangabad