SLICC/ACR criteria don't ID severe internal disease in SCLE

April 27 2016

(HealthDay)—Neither the American College of Rheumatology (ACR)

nor the Systemic Lupus International Collaborating Clinics (SLICC) criteria distinguishes patients with subacute cutaneous lupus erythematosus (SCLE) with major internal disease from those without, according to research published in the May issue of the *Journal of the American Academy of Dermatology*.

Janice Tiao, from the Michael J. Crescenz Philadelphia Department of Veterans Affairs Medical Center, and colleagues conducted a retrospective analysis of 107 patients with SCLE to determine how patients with SCLE/SLE meet the ACR and SLICC criteria.

The researchers found that using both sets of criteria, patients with SCLE/SLE were more likely to have oral ulcers, positive anti-double-stranded DNA antibodies, and positive antinuclear antibody test findings than those with only SCLE. Using the SLICC criteria, patients with SCLE/SLE were more likely to have low complement. A statistically insignificant increase was seen in individuals meeting the SLIC criteria.

"Most patients with SCLE who formally meet criteria for SLE do so based on the laboratory and mucocutaneous criteria. Neither the ACR nor SLICC criteria distinguish patients with SCLE and major internal disease from patients with SCLE without major internal disease," the authors conclude. "Clinicians should not rely on these criteria to identify patients with subacute cutaneous lupus erythematosus with significant systemic disease."

More information: Abstract
Full Text (subscription or payment may be required)

Citation: SLICC/ACR criteria don't ID severe internal disease in SCLE (2016, April 27)