

Table 1

Clinical and immunological criteria used in the SLICC classification criteria for systemic lupus erythematosus (SLE)²⁸

Patients can be classified as having SLE if they satisfy four of the clinical and immunological criteria including at least one clinical criterion and one immunological criterion, OR if they have biopsy-proven nephritis compatible with SLE in the presence of ANA or anti-dsDNA antibodies.

Clinical criteria

1 Acute cutaneous lupus including:

- Lupus malar rash (do not count if malar discoid)
- Bullous lupus
- Toxic epidermal necrolysis variant of SLE
- Maculopapular lupus rash
- Photosensitive lupus rash
in the absence of dermatomyositis
- OR
- Subacute cutaneous lupus
(nonindurated psoriaform and/or annular polycyclic lesions that resolve without scarring, although occasionally with postinflammatory dyspigmentation or telangiectasias)

2 Chronic cutaneous lupus including:

- Classical discoid rash
 - Localised (above the neck)
 - Generalised (above and below the neck)
- Hypertrophic (verruccous) lupus ● Lupus panniculitis (profundus)
- Mucosal lupus ● Lupus erythematosus tumidus
- Chilblains lupus ● Discoid lupus/lichen planus overlap

3 Oral ulcers:

- Palate ● Buccal ● Tongue
- OR ● Nasal ulcers
in the absence of other causes, such as vasculitis, Behcet's disease, infection (herpes viruses), inflammatory bowel disease, reactive arthritis, acidic foods

4 Nonscarring alopecia (diffuse thinning or hair fragility with visible broken hairs)

in the absence of other causes such as alopecia areata, drugs, iron deficiency and androgenic alopecia

5 Synovitis involving two or more joints, characterised by swelling or effusion OR tenderness in two or more joints and 30 minutes or more of morning stiffness.

6 Serositis

- Typical pleurisy for more than 1 day
OR pleural effusions
OR pleural rub
- Typical pericardial pain (pain with recumbency improved by sitting forward) for more than 1 day
OR pericardial effusion
OR pericardial rub
OR pericarditis by ECG
in the absence of other causes, such as infection, uraemia, and Dressler's pericarditis

7 Renal

- Urine protein:creatinine ratio (or 24 hr urine protein) representing 500 mg of protein/24 hr
OR ● Red blood cell casts

8 Neurological

- Seizures
- Psychosis
- Mononeuritis multiplex
in the absence of other known causes such as primary vasculitis
- Myelitis
- Peripheral or cranial neuropathy
in the 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, uraemia, drugs

9 Haemolytic anaemia

10 Leukopenia (< 4,000/mm³ at least once)

in the absence of other known causes such as Felty's syndrome, drugs, and portal hypertension
OR

Lymphopenia (< 1,000/mm³ at least once)

in the absence of other known causes such as corticosteroids and other drugs, and infection

11 Thrombocytopenia (< 100,000/mm³) at least once

in the absence of other known causes such as drugs, portal hypertension, thrombotic thrombocytopenic purpura

Immunological criteria

1 ANA level above laboratory reference range

2 Anti-dsDNA antibody level above laboratory reference range (or > 2 fold the laboratory reference range if tested by ELISA)

3 Anti-Sm

4 Antiphospholipid antibody: any of the following

- Positive lupus anticoagulant
- False-positive rapid plasma regain (RPR)
- Medium- or high-titre anticardiolipin antibody level (IgG, IgM or IgA)
- Positive anti-beta2 glycoprotein I (IgG, IgM or IgA)

5 Low complement

- Low C3
- Low C4
- Low CH50

6 Direct Coombs' test

in the absence of haemolytic anemia