Updating the American College of Rheumatology Revised Criteria for the Classification of Systemic Lupus Erythematosus

To the Editor:

In 1982, the Diagnostic and Therapeutic Criteria Committee of the American College of Rheumatology (ACR) published revised criteria for the classification of systemic lupus erythematosus (SLE) (1). During the ensuing decade several investigators, including Drs. Graham Hughes and Donato Alarcon-Segovia, among others, have described the presence and clinical associations of antiphospholipid antibodies in patients with SLE, as well as the occurrence of the primary antiphospholipid syndrome (2-5). In 1992, Piette and colleagues suggested that the ACR revised criteria be reevaluated in light of the above discoveries (6).

At the request of Dr. Eng Tan, the Diagnostic and Therapeutic Criteria Committee of the ACR reviewed the 1982 revised criteria for SLE and recommended the following revisions to criterion number 10 (“Immunologic disorder”), which were approved by the Council on Research and the Board of Directors:

1. Delete item 10(a) (“Positive LE cell preparation”), and

2. Change item 10(d) to “Positive finding of antiphospholipid antibodies based on 1) an abnormal serum level of IgG or IgM anticardiolipin antibodies, 2) a positive test result for lupus anticoagulant using a standard method, or 3) a false-positive serologic test for syphilis known to be positive for at least 6 months and confirmed by Treponema pallidum immobilization or fluorescent treponemal antibody absorption test.” Standard methods should be used in testing for the presence of antiphospholipid (7-10). Publication of this letter will allow basic and clinical investigators in SLE to not only use, but also cite, the modification of the 1982 criteria.Marc C. Hochberg, MD, MPH for the Diagnostic and Therapeutic Criteria Committee of the American College of Rheumatology


