

## 1997 Update of the 1982 American College of Rheumatology Revised Criteria for Classification of Systemic Lupus Erythematosus

Criterion	Definition
1. Malar Rash	Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds
2. Discoid rash	Erythematous raised patches with adherent keratotic scaling and follicular plugging; atrophic scarring may occur in older lesions
3. Photosensitivity	Skin rash as a result of unusual reaction to sunlight, by patient history or physician observation
4. Oral ulcers	Oral or nasopharyngeal ulceration, usually painless, observed by physician
5. Nonerosive Arthritis	Involving 2 or more peripheral joints, characterized by tenderness, swelling, or effusion
6. Pleuritis or Pericarditis	<ol style="list-style-type: none"> <li>1. Pleuritis--convincing history of pleuritic pain or rubbing heard by a physician or evidence of pleural effusion               <ol style="list-style-type: none"> <li>1. OR</li> </ol> </li> <li>2. Pericarditis--documented by electrocardiogram or rub or evidence of pericardial effusion</li> </ol>
7. Renal Disorder	<ol style="list-style-type: none"> <li>1. Persistent proteinuria &gt; 0.5 grams per day or &gt; than 3+ if quantitation not performed               <ol style="list-style-type: none"> <li>1. OR</li> </ol> </li> <li>2. Cellular casts--may be red cell, hemoglobin, granular, tubular, or mixed</li> </ol>
8. Neurologic Disorder	<ol style="list-style-type: none"> <li>1. Seizures--in the absence of offending drugs or known metabolic derangements; e.g., uremia, ketoacidosis, or electrolyte imbalance               <ol style="list-style-type: none"> <li>1. OR</li> </ol> </li> <li>2. Psychosis--in the absence of offending drugs or known metabolic derangements, e.g., uremia, ketoacidosis, or electrolyte imbalance</li> </ol>
9. Hematologic Disorder	<ol style="list-style-type: none"> <li>1. Hemolytic anemia--with reticulocytosis               <ol style="list-style-type: none"> <li>1. OR</li> </ol> </li> </ol>

Criterion	Definition
	<ul style="list-style-type: none"> <li>2. Leukopenia--&lt; 4,000/mm<sup>3</sup> on ≥ 2 occasions               <ul style="list-style-type: none"> <li>1. OR</li> </ul> </li> <li>3. Lymphopenia--&lt; 1,500/ mm<sup>3</sup> on ≥ 2 occasions               <ul style="list-style-type: none"> <li>1. OR</li> </ul> </li> <li>4. Thrombocytopenia--&lt;100,000/ mm<sup>3</sup> in the absence of offending drugs</li> </ul>
10. Immunologic Disorder	<ul style="list-style-type: none"> <li>1. Anti-DNA: antibody to native DNA in abnormal titer               <ul style="list-style-type: none"> <li>1. OR</li> </ul> </li> <li>2. Anti-Sm: presence of antibody to Sm nuclear antigen               <ul style="list-style-type: none"> <li>1. OR</li> </ul> </li> <li>3. Positive finding of antiphospholipid antibodies on:               <ul style="list-style-type: none"> <li>1. 1. an abnormal serum level of IgG or IgM anticardiolipin antibodies,</li> <li>2. 2. a positive test result for lupus anticoagulant using a standard method, or</li> <li>3. 3. a false-positive test result for at least 6 months confirmed by Treponema pallidum immobilization or fluorescent treponemal antibody absorption test</li> </ul> </li> </ul>
11. Positive Antinuclear Antibody	An abnormal titer of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and in the absence of drugs