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Diagnostic challenges in systemic lupus erythematosus and antiphospholipid syndrome

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Systemic lupus erythematosus (SLE) and antiphospholipid syndrome (APS) or Hughes syndrome are probably the most important paradigm of systemic autoimmune disease. Lupus is known as the great imitator, because its symptoms mimic many other illnesses. Early diagnosis is critical in avoiding major organ damage. However, the lack of a gold standard test to confirm diagnosis often results in delays or misdiagnosis. According to the American College of Rheumatology based classification 4 of the 11 criteria have to be positive. The Systemic Lupus International Collaborating Clinics group decided to address concerns about inclusion of many cutaneous, cardiac and neurological manifestations, the omission of low complement levels and eight-year work validate a new set of classification criteria for SLE. These criteria were noted to be more sensitive but less specific than the ACR criteria; they also resulted in fewer misclassifications of patients. Although at present APS is a well-described, difficult-to-diagnose entity, it took many decades to define the diagnostic criteria. The latest classification criteria for diagnosing APS are the 2006 reviewed Sapporo criteria that require the presence of at least one clinical manifestation and one positive laboratory criteria. Following the application of the Sapporo criteria, controversy arose because those criteria identify a more homogeneous group of APS patients at the expense of excluding another, a group collectively referred to as seronegative APS. The need for more guidelines regarding the detection of LA is now fulfilled by the SSC updated guidelines. There are recent studies present on the most promising antibodies of this heterogeneous aPL family. Nowadays, APS is increasingly recognized as a multisystem disease, the clinical expression of which may include (many non-criteria) cardiac, neurological, haematological, cutaneous and other manifestations. There is transition from APS to SLE with secondary APS. Special attention should be given to secondary APS patients when they are submitted to high-risk events: from 7-10% patients with PAPS may go on to develop SLE. Despite updates of the diagnostic criteria, the diagnosis of SLE and APS remains difficult.

Biography

Ljudmila Stojanovich received her PhD in Medicine with the thesis entitled “Neuropsychiatric manifestations in patients with systemic lupus erythematosus” in 1999. She is the Scientific Director at Bezhanijska Kosa, University Medical Center of Belgrade, where she is currently a Full Research Professor. Her research focuses on Systemic Lupus Erythematosus, Antiphospholipid Syndrome, and Vaccination in patients with autoimmune rheumatic diseases. She is an author of three monographs and of about 250 articles on various aspects of autoimmune rheumatic disorders, published in international and domestic journals and in conference proceedings.

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