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SLE as a hematological problem & the Kozhikode criterion for diagnosis of SLE

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SLE can present with hematological manifestations alone or along with musculoskeletal, skin or other system involvement. In cases with hematological abnormalities as the predominant or only manifestation, the diagnosis is often delayed or missed at the time of presentation, this is especially so if the index of clinical suspicion is low or if there is improper and inadequate follow up. An observational study was conducted in our institution with the purpose of estimating the proportion of SLE with hematological manifestations as the initial presentation of the disease. It was observed that 76.8% of the patients had hematological manifestations at first presentation. Thus hematological manifestations were found to be the most common presenting manifestation of SLE in people of North Kerala which is not given due importance in the ACR criteria for diagnosing SLE. One of the common coexisting abnormalities in patients with initial hematological presentation was autoimmune hypothyroidism, which also is not included in the

ACR criteria. The most common hematological abnormalities at presentation were ITP, autoimmune hemolysis and APLA. In addition there was an inverse association of arthritis with hematological manifestations. Thus it appears that SLE is more of a Hematological disorder rather than a Rheumatologic disorder. A significant number did not satisfy the ACR criteria at the time of diagnosis but did so on follow up. The ACR criteria are weak to diagnose such patients and therefore needs revision. We have developed an alternative to ACR criteria as "Kozhikode Criteria for SLE" which was validated in another study and was published, both these the issues will be presented.

Speaker Biography

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