

## Maternal and Fetal Outcomes in Patients with Systemic Lupus Erythematosus - Authors' Response

Dear Editor,

We would like to thank Professor Mahmood Al-Mendalawi for his interest in the topic of our recent article.<sup>[1,2]</sup> The study was a retrospective review of systemic lupus erythematosus (SLE) female patients who conceived during the period of January 2008–December 2018. Until then, classification of SLE was a yes-or-no decision, based on whether the patient had a minimum number of characteristic signs or symptoms. The new criteria, mentioned in the letter, were published in September 2019, by the European League Against Rheumatism (EULAR) and the American College of Rheumatology (ACR) for the classification of SLE,<sup>[3]</sup> though the EULAR/ACR classification was reviewed deeply on 2017–2018.

Most of our rheumatologist still consider ACR criteria more applicable way to diagnose SLE. This is based on the fact that EULAR/ACR classification requires an antinuclear antibody titer of at least 1:80 on HEp-2 cells or an equivalent positive test at least once; otherwise, the patient is considered not to have SLE. This is not available in our area because of armed conflicts. Also, even if some labs offer the test, it would be expensive for most of patients. This point along with a longer list of weighted criteria ensures its utility in SLE research (including early or latent SLE), but not in clinical practice.

### Authors' contributions

Equal.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

### Compliance with ethical principles

Inapplicable.

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### REFERENCES

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### Reviewers:

Not applicable (Correspondence)

### Editors:

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