SLE: Differential diagnosis with other connective tissue diseases

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The diagnosis of SLE is based on non-specific symptoms and can be confused with other connective tissue diseases. Although most physicians use ACR criteria for the classification of SLE to help make a diagnosis. However, many other connective tissue diseases can meet at least four of the 11 criteria. A positive ANA can be detected in auto-immune diseases, virus infection and drug induced lupus. Aging also cause positive ANA, therefore , low titer of ANA has less diagnostic value. Chronic Vinal hepatitis is associated with high titer of ANA. A typical clinical feature can be livido reticulitis and leukocytoclastic vasculitis, which may be secondary due to cryoglobulinemia. The abnormal liver enzyme and the presence of HBsAg or HCV antigen can help differentiate the diagnosis with SLE. Drug induced lupus is occasionally found in the aged population who received either hydralazine or procainamide therapy. The clinical symptoms are mild and reversable after discontinue medication. CNS and kidney are unusually involved. The antihistone and anti-ssDNA can differentiate the diagnosis with SLE. Primary sjogren's syndrome is a disease characterized by dry eye (47 %) and dry mouth (42.5%). Its serology findings include ANA(92%), RF(61%), anti-SSA(57%), anti-SSB(38%).The pathological finding of lips salivary gland biopsy can help differentiate primary sjogren's syndrome with SLE. Rheumatoid arthritis can be diagnosed based on morning stiffness(>1hr) and symetrical polyarthritis. The presence of Rheumatoid nodules and high titer of Rheumatoid factor and typical radiological changes can help diffentiate RA with SLE.

   Polymyositis/Dermatomyositis is characterized by symetrical proximal muscle

weakness, which may associated with arthragia , myagia and elevated muscle enzyme. The specific anti-Jo-1 antibody can help differentiate the diagnosis with SLE. Scleroderma can be definite diagnosed with proximal scleroderma in association with pitting scar of finger tips ,loss of substance of finger pads or lung fibrosis. Nail fold capillaroscopy have typical capillary dilatation and destruction. Auto antibody for Scl-70 and centromere can help differentiate the diagnosis with SLE.