

Maternal and Fetal Outcomes in Patients with Systemic Lupus Erythematosus

Dear Editor,

In January-March 2020 issue of the *Ibnosina Journal of Medicine and Biomedical Sciences*, Ahmed *et al.*^[1] reported that preexisting hypertension and secondary antiphospholipid syndrome were correlated with an increased risk of pregnancy complications in Libyan pregnant women with systemic lupus erythematosus (SLE).^[1]

There are a few notable methodological limitations that ought to be considered. In the study methodology, Ahmed *et al.*^[1] established that the diagnosis of SLE was based on fulfilling at least four of the 1997 American College of Rheumatology (ACR) criteria.^[2] It is worth mentioning that the 1997 ACR criteria have numerous limitations, namely equal weighting of features that differ in the clinical relevance, bias toward longer duration and more severe disease, and exclusion of SLE patients from research that do not fulfill the four criteria.^[3] Hence, a good number of pregnant women with SLE who did not meet the four criteria of the 1997 ACR criteria were expected to be misdiagnosed and could not be enrolled in the study.^[1] This might consequently seriously influence the study results.

A newer classification criteria for SLE supported jointly by the European League Against Rheumatism and ACR have been proposed utilizing strict methodology with a multidisciplinary input. The newer classification criteria have both higher sensitivity (96.1%) and specificity (93.4%) in comparison with 82.8% sensitivity and 93.4% specificity of the 1997 ACR criteria.^[4] Consequently, employing the newer diagnostic SLE criteria could have been better in elucidating the adverse outcomes and their likely predictors in SLE pregnant women.

Authors' contributions

Single author.

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Conflicts of interest

Nil.

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