

<b>SLE(SYSTEMIC LUPUS ERYTHMETOSUS) PANEL, SERUM (EIA)</b>		
Phospholipid Antibody, IgG	GPL U/mL	<10.00
Phospholipid Antibody, IgM	MPL U/mL	<10.00
Antinuclear Antibody (ANA)	Units	<20.00
Anti ds-DNA Antibody	IU/mL	<30.00
Anti Sm Antibody	Units	<20.00

### Interpretation

<b>ANA RESULTS IN Units</b>	<b>ds DNA RESULTS IN IU/mL</b>	<b>Anti Sm RESULTS IN Units</b>	<b>REMARKS</b>
<20	<30	<20	Negative
-	30-75	-	Equivocal
-	-	20-39	Weak positive
20-60	-	40-80	Moderate positive
>60	>75	>80	Strong positive

### Comment

Systemic lupus erythematosus (SLE) is an autoimmune disease in which organs and cells undergo damage initially mediated by tissue binding autoantibodies and immune complexes. Antinuclear antibodies (ANA) are positive in >98% of patients during the course of disease; repeated negative tests suggest that the diagnosis is not SLE unless alternate autoantibodies (Anti ds DNA, Anti-Sm or Anti-Ro) are present. High titres of Anti ds-DNA antibodies are specific to SLE and increase in quantity may be indicative of flare, particularly of nephritis or vasculitis, especially when associated with declining levels of C3 or C4 complement. Anti-Sm antibodies are specific to SLE but do not correlate with disease activity. During pregnancy, SLE patient should be tested for Anti-Ro and anti phospholipid (aPL) antibodies. Presence of Anti-Ro indicates increased risk for neonatal lupus, Sicca syndrome and Subacute cutaneous lupus erythematosus (SCLE). Presence of aPL is not specific to SLE but their presence fulfils one of the classification criteria for SLE and identify patients at increased risk for arterial or venous thrombosis, thrombocytopenia and fetal loss.