

Perbandingan performa diagnostik kriteria klasifikasi American Criteria Rheumatology (ACR) 1997, Systemic Lupus International Collaborating Clinics Criteria (SLICC) 2012, dan European League Against Rheumatism (EULAR)/American Criteria Rheumatology (ACR) = The comparison of diagnostic performance between ACR 1997, SLICC2012, and EULAR/ACR 2019 classification criteria in childhood-onset systemic lupus erythematosus

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Abstrak

Latar belakang: Kriteria klasifikasi ACR 1997, SLICC 2012, dan EULAR/ACR 2019 telah banyak digunakan untuk membantu penegakan diagnosis LES. Sensitivitas dan spesifisitas masing-masing klasifikasi tersebut telah banyak dilaporkan pada populasi dewasa. Akan tetapi, penelitian performa diagnostik pada populasi anak masih sedikit. Penelitian ini bertujuan untuk membandingkan performa diagnostik ketiga kriteria klasifikasi tersebut pada LES anak.

Metode: Rekam medis pasien yang tercatat sebagai penderita penyakit autoimun dengan hasil ANA positif pada periode Januari 2010-Mei 2021 diikutsertakan dalam penelitian. Rekam medis ini kemudian dinilai oleh dua orang konsultan alergi-imunologi untuk penentuan diagnosis LES atau bukan LES. Setiap kasus kemudian diekstrapolasi ke dalam ketiga kriteria klasifikasi, kemudian dinilai performa diagnostik.

Hasil: Sebanyak 86 kasus LES (rerata usia saat diagnosis $12,73 \pm 2,97$ tahun) dengan rasio perempuan : lelaki adalah 11:1 dan 44 kasus bukan LES (rerata usia saat diagnosis $8,86 \pm 4,78$ tahun) dengan rasio perempuan : lelaki adalah 2:1. Kriteria klasifikasi EULAR/ACR 2019 memiliki sensitivitas tertinggi sebesar 100% dibandingkan dengan ACR 1997 (90%) dan SLICC 2012 (98%). Spesifisitas ACR 1997, SLICC 2012, dan EULAR/ACR 2019 masing-masing 90%, 86%, dan 68%. Nilai prediksi positif ACR 1997 tertinggi dibandingkan SLICC 2012 dan EULAR/ACR 2019 yaitu 94%, 91%, dan 86%. Sedangkan, nilai prediksi negatif EULAR/ACR 2019 tertinggi dibandingkan ACR 1997 dan SLICC 2012 masing-masing 100%, 83%, dan 95%.

Simpulan: Kriteria klasifikasi EULAR/ACR 2019 memiliki sensitivitas tertinggi, sedangkan kriteria klasifikasi ACR 1997 memiliki spesifisitas yang paling baik dibandingkan dua kriteria klasifikasi lainnya.

Background: The classification criteria of ACR 1997, SLICC 2012, and EULAR/ACR 2019 have been widely used to establish the diagnosis of childhood-onset SLE. The sensitivity and specificity of these classification criteria have been reported in the adult-onset SLE. However, only few studies have been conducted in the childhood-onset SLE. This study aims to compare the diagnostic performance of the three classification criteria in childhood-onset SLE.

Methods: Medical records of patients diagnosed with autoimmune diseases who had positive ANA from January 2010 to May 2021 were reviewed. Each record was assessed by two allergy-immunology consultants to determine the diagnosis of SLE or not SLE. Each subject data was extrapolated to fulfill classification criteria and was calculated of the diagnostic performance.

Results: This study consisted of 86 cases of SLE (mean age at diagnosis 12.73 ± 2.97 years), female to male ratio was 11:1. There were 44 subject non-SLE (mean age at diagnosis 8.86 ± 4.78 years), female to male

ratio was 2:1. The sensitivity of EULAR/ACR 2019 was 100% (the highest sensitivity) while SLICC 2012 was 98% and ACR 1997 was 90%. The specificity of ACR 1997, SLICC 2012, and EULAR/ACR 2019 were 90%, 86%, and 68%, respectively. The positive predictive value for 1997 ACR was the highest one compare to SLICC 2012 and EULAR/ACR 2019 (94%, 91%, and 86%, respectively). Meanwhile, the negative predictive value for EULAR/ACR 2019, SLICC 2012, and ACR 1997 were 100%, 95%, and 83%, respectively.

Conclusion: The classification criteria of EULAR/ACR 2019 has the highest sensitivity and ACR 1997 has the highest specificity than the other classification criteria.