

Malar rash: Fixed malar erythema

Discoid rash: Patchy erythematous lesions

Photosensitivity: Rash with sunlight exposure

Oronasal ulcers: Painless ulcers in mouth and nose

Arthritis: Swelling, tenderness, or effusion in two or more peripheral joints (nonerosive)

Serositis: Pleuritis, pericarditis

Renal disorder: Proteinuria, casts in urine

Neurologic disorder: Psychosis, seizures

Hematologic disorder: Hemolytic anemia, thrombocytopenia, leukopenia, lymphopenia

Immunologic disorder: Anti-double-stranded deoxyribonucleic acid, anti-Sm, antiphospholipid antibodies; lupus anticoagulant; false-positive result on syphilis test (rapid plasma reagin)

Antinuclear antibodies: Presence of antinuclear antibody by immunofluorescence or an equivalent assay

*The presence of four criteria is required for classification as systemic lupus erythematosus (SLE).

Therapeutic Management

The goal of treatment is to ensure the child's health by balancing the medications necessary to avoid exacerbation and complications while preventing or minimizing treatment-associated morbidity. Therapy involves the use of specific medications and general supportive care. The drugs used to control inflammation are corticosteroids administered in doses sufficient to control inflammation and then tapered to the lowest suppressive dose or given intravenously during acute flares. Hydroxychloroquine, an