VALIDATION OF CLASSIFICATION CRITERIA FOR DISCOID LUPUS ERYTHEMATOSUS (DLE): AN UPDATE

S Elman (1) - C Joyce (2) - V Werth (3) - J Merola (4)

Brigham And Women’s Hospital, Harvard Medical School, Department Of Dermatology, Boston, United States (1) - University Of Loyola, Department Of Biostatistics, Chicago, United States (2) - University Of Pennsylvania, Department Of Dermatology, Philadelphia, United States (3) - Brigham And Women’s Hospital, Harvard University, Department Of Dermatology, Boston, United States (4)

Introduction: No classification criteria exist for DLE, which has led to problematic heterogeneity in both observational and interventional research efforts. We have generated an item list of 12 potential classification criteria using an international Delphi consensus process.

Objective: To formally validate these items into classification criteria.

Methods: Patients are identified at clinical visits as having either DLE or a DLE mimicker. After each visit, dermatologists determine if the following morphologic features exist: erythematous to violaceous in color, atrophic scarring, dyspigmentation, follicular hyperkeratosis/plugging, scarring alopecia, location in the conchal bowl, and preference for the head/neck. One dermatopathologist at each site reviews pathology if present to see if the following features are met: interface/vacuolar dermatitis, peri-vascular and/or peri-appendageal lymphohistiocytic infiltrate, follicular keratin plugs, mucin deposition, and basement membrane thickening (BMT). Diagnosis by clinical features and dermatopathology were tabulated as counts and percentages. Clinical features among those with and without diagnoses of DLE were calculated and compared with chi-square or Fisher’s exact tests, as appropriate. Analyses performed using SAS 9.4 (SAS Institute, Cary, NC).

Results: To-date, 127 cases have been collected from seven international sites, 56 consistent with DLE and 71 not consistent. The most common mimickers include dermatomyositis (16), psoriasis (10), lichen planopilaris (10) and subacute cutaneous lupus erythematosus (9). Each morphologic feature is more associated with DLE than with mimickers (p 0.04 for erythematous – violaceous in color, <0.001 for others). 30 cases have dermatopathology, 16 consistent with DLE and 14 not consistent, with follicular keratin plugs (p 0.007), mucin deposition (p 0.011) and BMT (p <0.001) being more associated.
with DLE.

Conclusion: This work represents a key step toward the development of formal DLE classification criteria. After the collection of approximately 200 total cases, our next step will be to devise a classification model to discriminate between DLE and mimickers.