

# Scleroderma-like capillaroscopic pattern in SLE is not a sign of overlap syndrome in both adults and children

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**To cite:** Lambova SN. Scleroderma-like capillaroscopic pattern in SLE is not a sign of overlap syndrome in both adults and children. *Lupus Science & Medicine* 2022;9:e000749. doi:10.1136/lupus-2022-000749

Received 8 June 2022  
Accepted 5 July 2022



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Nailfold capillaroscopy is a non-invasive imaging technique for morphological assessment of capillaries in the nailfold area and represents a key method for differentiation of primary and secondary Raynaud's phenomenon (RP) in rheumatic diseases. 'Scleroderma'-type microangiopathy is a reference pattern in rheumatology. It is accepted as a diagnostic criterion in systemic sclerosis (SSc) and is characterised by the presence of giant capillaries, haemorrhages and devascularisation.<sup>1</sup> Although a 'scleroderma' pattern is prevalent in SSc (70%–90%)<sup>2,3</sup> and dermatomyositis (63%–89%),<sup>4</sup> it may also be observed less frequently in other rheumatic diseases such as SLE and rheumatoid arthritis without features of overlap syndrome.<sup>5</sup> Ten years ago, it was proposed that 'scleroderma-like' capillaroscopic changes in SLE are a hint of subclinical overlap with SSc associated with anti-RNP antibody in adults and children.<sup>6–8</sup> The first report questioning the association between 'scleroderma-like' capillaroscopic changes in SLE and overlap syndrome with SSc with anti-RNP antibody positivity in the adult patient population was published in 2013.<sup>9</sup> The frequency of 'scleroderma-like' microangiopathy in the group under study was 13.3% and it presented with symptoms of secondary RP in all patients as well as with signs of vasculitis of digital vessels in half of the cases.<sup>9</sup> Later on van Roon *et al* reported similar results about the presence of 'scleroderma-like' capillaroscopic changes with a frequency of 17% without overlap with SSc and without significant clinical differences compared with patients with SLE without a 'scleroderma-like' pattern.<sup>10</sup> Notably, an association between 'scleroderma-like' microangiopathy and cutaneous digital lesions in adjacent areas was reported in patients with SLE and cutaneous lupus erythematosus (CLE) with digital skin involvement.<sup>9,11,12</sup>

Recently published reports by Schonenberg-Meinema *et al* also revealed the presence of a 'scleroderma-like' capillaroscopic pattern in patients with childhood-onset SLE without overlap with SSc and without anti-RNP antibody positivity.<sup>13,14</sup> Out of 41 patients with SLE with disease onset <18 years, a 'scleroderma-like' pattern was observed in 17.1% (7/41) of the cases without SSc-associated symptoms. Positivity of anti-RNP antibodies was not different in patients with and without a 'scleroderma-like' capillaroscopic pattern.<sup>14</sup> In a longitudinal study of 53 patients with childhood-onset SLE, a similar frequency of 'scleroderma-like' pattern was reported (18.9%). However, there was no association of the capillary pattern with disease activity and RP, though anti-RNP antibodies were detected significantly more frequently in patients with 'scleroderma-like' changes. During a 5-year follow-up after disease onset, patients with a 'scleroderma-like' pattern did not develop SSc symptoms, but more than half of them presented with SLE-related irreversible disease damage that could not be predicted by SLEDAI (SLE Disease Activity Index) at diagnosis or during the follow-up.<sup>13</sup> These observations indicate that scleroderma-like microangiopathy could be observed in both children and adults without the presence of overlap syndrome with SSc and without association with anti-RNP antibody.<sup>5,9,10</sup>

To sum up, a 'scleroderma-like' pattern is a relatively non-specific morphological finding that could be found in different rheumatic diseases other than SSc and SSc-associated overlap syndromes (eg, SLE in adults and children, dermatomyositis, rheumatoid arthritis).<sup>5,9,10,13,14</sup> Additionally, it could be observed in CLE as a local skin pathology without evidence of systemic vasculopathy. Interpretation of the diagnostic and prognostic significance of 'scleroderma-like' microangiopathy should consider the overall

context. Further studies of the discriminating features of microangiopathy in SSc and SLE in terms of evolution of microvascular pathology and staging are warranted.

**Contributors** SNL is the sole author.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not applicable.

**Ethics approval** Not applicable.

**Provenance and peer review** Not commissioned; externally peer reviewed.

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