台中榮民總醫院 內部過敏免疫風濕科

系統性硬化症特別紀錄表

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健保榮民	健保員工	健生	呆 健保員眷	民	眾		(1)	
姓名			病房		床位	年龄	病歷號	

Fulfillment of American Rheumatism Association Preliminary Criteria for the Classification of Systemic Sclerosis* (Arthritis and Rheumatism 23: 5 8 1-590'80)

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Visinr	criteria	-
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Proximal scleroderma (tightness, thickening, and non-pitting induration, excluding the localized forms of scleroderma, proximal to the metacarpophalangeal or metatarsophalangel joints, affecting other parts of the extremities, face, neck, or trunk (thorax or abdomen); usually bilateral, symmetrical and almost always including sclerodactyly) Minor criteria:

- 1. Sclerodactyly: limited to fingers and toes
 - 2. Digital pitting scars on fingertips or loss of substance of the distal finger pad (depressed reas at tips of digits or loss of digital pad tissue as a result of digital ischemia rather than trauma or exogenous causes)
 - 3. Bilateral basal pulmonary fibrosis(bilateral reticular pattern of linear or lineo nodular densities which are almost pronounced in basilar portions of the lungs on standard chest roentgenogram; may assume appearance of diffuse mottling or "honeycomb lung", and should not be primary lung disease

One major or two or more minor criteria were found in 97% of definite systemic slerosis patients, but only in 2% of the comparison patients with systemic lupus erythematosus, polymositis/dermatomyositis, or Raynaud's phenomenon

*Excludes localized scleroderma and pesudosclerodermatous disorders.

此處刷卡用

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Other clinical manifestation	is:			
1. Bilateral fing	ger or hand edema : firm but	pitting edema	, especially inv	olving finger
(includes puffy	, sausage-like swelling of fing	gers) or the dors	al aspect of the	hands
2. Abnormal ski	n pigmentation: hyperpigme	ntation often co	ontaining areas	of punctuate o
patchy hypopin	ngmentation or depigmentation	n ("pepper and	salt")	
3. Telangiectasi	a: visible macular dilatation	n of superficial	blood vessels	which collapse
upon pressure	and fill slowly when pressure	is released; dist	tinguished from	rapidly filling
spider angioma	a with central arteriole and fro	m dilated linear	superficial ves	sels
4. Ray naud's p	ohenomeno : at least a two-	phase color cha	inge in fingers	and often toe
consisting of p	allor, cyanosis, and/or read	ctive hyperemia	in response to	cold exposure
or emotion, as	determined by patient's histor	y or physician's	sobservation	
5. Lower (distal) esophageal dysphagia: subs	sternal discomfo	ort on swallowi	ng or sensation
of food holdup	in the retrosternal location			
6. Lower (distal	esophageal dysmotility: h	ypoperistalsis o	r aperistalsis, a	s demonstrated
by either cine	esophagogram or fluoroscopy	or by manome	etric study, often	n accompanie
by evidence of	decrease in lower esophageal	sphincter tone	with reflux of g	gastric content
into the esopha	igus			
7. Colonic sad	eculations: wide-mouthed	diverticula o	of colon locat	ed along the
antimesenteric	border, found on barium ener	na examination	; these saccula	tions may also
occur in ileum	and jejunum			

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健保榮民	健保員工	健 保	健保員眷	民	累	(3)
姓名		ý	· 病房		床位	年齡病歷號

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		Right										left		
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0	1	2	3	4	Srea	ıst				0	1	2	3	4
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0 0 0 0	1 1 1	2 2 2 2	3 3 3 3	4 4 4 4]	Thighs Legs Feet Toes				0 0 0 0	1 1 1	2 2 2 2	3 3 3 3	4 4 4 4

The degree of skin thickening is evaluated as following

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1 = Slight but definite thickening

2 = Mild-Moderate thickening

3 = Severe thickening

4 = Extreme degree of thickening

Maximal oral aperture (interlabial aperture)	cm
Finger- topalm distance	cm

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系統性硬化症特別紀錄表 健保榮民 健保員工 健保員眷 民 (4)年龄 病歷號 姓名 病房 床位 **ACROSCLEROSIS SCLEROSIS SINE ACUTE DIFFUSE SCLEROACTYLY** ACROSCLEROSIS INTERMEDIATE **SCLERODERMA SCLERODERMA** SSTICTO SENSU **SYNOROME** uninvolved skin highly sclevotic skin moderately sclerotic skin possible but necessarily sclerotic skin 病人屬以上何種 TYPE 1)_____ 2) _____ 3) _____ 4) _____ 5) _____ 並實際繪於下圖 Date_ Date Date_ Date Date Date