

PEDIATRIC RHEUMATOLOGY:

Positive ANA

1) Finding: Positive ANA; low titer ANA may be a normal variant

2) Relevant Information:

1. State of patient's health – activity, growth
2. Family History of auto-immune disease such as Lupus or tendency to vascular clotting
3. Associated Historical findings especially:
 - Recurring mouth ulcers
 - Sun Sensitivity → malar rash
 - Cold Sensitivity – Raynaud's
 - Inflammatory rashes or unexplained fevers
 - Joint Swelling or muscle weakness
 - Cardiac or pulmonary symptoms, especially findings to suggest pericardial or pleural pain

3) Physical Exam: Eye examination – no retinal or anterior uveal tract findings such as irregular pupils
Oral Cavity – normal
Chest, Heart, Abdomen – benign
Muscles, Joints – normal
Skin - no evidence of inflammatory disease
CNS – no focal findings

4) Screening Tests : CBC, ESR, platelets, UA
LFTs, BUN, Creatinine, CPK, Thyroid Studies, total protein/albumin

ENA (DNA, Ro, La, RNP, Sm, SCL-70) – these tests speciate the ANA.
C3, CH50, IgG, IgA, RF

Antiphospholipid Tests: Lupus Anticoagulant and Anti-Cardiolipin Antibody

5) Disposition:

- 1) If the history does not suggest auto immune disease, the physical exam and the above studies are unremarkable, other than low titer ANA, then the child can be monitored clinically.
- 2) If arthralgias are a component of complaints, perform an eye examination by ophthalmologist to rule out uveitis.
- 3) If any change in symptoms occurs over time, the above studies can be repeated to assess any significant changes.
- 4) Referral to Pediatric Rheumatology if examination findings or blood tests abnormal.

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