ANCA-associated Vasculitis: Suggested Minimal Evaluation of All Patients

- Erythrocyte sedimentation rate (ESR)
  - Usually elevated, however a normal ESR does not rule out ANCA-associated vasculitis (AAV)

- C-reactive protein (CRP) levels
  - Usually elevated in AAV

- Complete blood count with differential and metabolic panel (including serum creatinine and transaminases)
  - Normochromic, normocytic anemia commonly found in AAV
  - Elevated serum creatinine: often the first clinical sign of renal dysfunction

- Urinalysis with microscopy
  - Hematuria and/or proteinuria may indicate renal involvement earlier in the course of the disease than serum creatinine

- Chest imaging studies
  - Although chest radiography is often the first imaging study performed, it may fail to show the exact pattern and extent of thoracic involvement – CT usually provides greater insight in assessment of thoracic findings

- ANCA testing
  - A positive ANCA test supports diagnosis of AAV (biopsy is sometimes required)
  - Positive results for proteinase 3 (PR3) ANCA are usually associated with granulomatosis with polyangiitis (GPA)
  - Positive results for myeloperoxidase (MPO) ANCA are usually associated with microscopic polyangiitis

ANCA: antineutrophil cytoplasmic antibodies
Source: courtesy of Ulrich Specks, MD (modified)