

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