Conclusion

Long-term side effects: the impact of cyclophosphamide treatment on long-term ovarian function is poorly understood, despite the extensive use of this agent in up to >80% of cases with vasculitis.

Introduction

The anti-neutrophil cytoplasmic autoantibodies (ANCA), are directed against constituents of the primary granules of neutrophil and monocyte lysosomes. The major antigens, with correlation to ANCA associated Vasculitis (AAV) that are sought in the currently laboratory practice are myeloperoxidase (MPO) and proteinase 3 (PR3). There are interesting differences in the prevalence of AAV between different geographical areas, as well as for MPO and PR3-ANCA.

Objective

To determine the number of patients with AAV that underwent ANCA test in our laboratory from 2002 to 2008.

Patients

Study population: Serum samples from patients with ANCA request by the physician that arrived to the Laboratory-Immunology Unit, from March 2002 to December 2008, who were positive by Indirect Immunofluorescence (IIF) and Enzyme Linked Immunosorbent Assay (ELISA). Then we proceeded to revise the medical records to gather histological diagnosis information. Statistical Analysis: data found were processed by the Microsoft Excel program.

Results

One thousand eight hundred and eighty-eight sera underwent ANCA test, 166 (8.8%) met the selection criteria, corresponding to 61 patients that were classified in three groups:

- AAV (66%);
- connective tissue disorders (CTD) (18.9%);
- gastro-intestinal disorders (GID) (15.1%).

Fifty-one percent of AAV group had histological confirmation, 62.8% were MPO and 37.2% PR3, with a 1.7 ratio.

Conclusion

- Although the scarce number of samples with AAV, the 1.7 ratio (MPO/PR3) obtained is similar to the Mediterranean results, unlike to the southern hemisphere region latitude gradient suggested in other reports. A genetic rather than a “latitude” reason may explain the different results obtained;
- all patients of our GID group had PR3;
- last but not least, like many other reports, our findings remarks the need of a suitable clinical suspicion of AAV to reach the ANCA’s high positive predictive value, taking into account that many other non AAV conditions can be positive ANCA.

Further readings


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