ENA autoantibodies

Auto-Abs against extractable nuclear antigens/ ENAS

ENA - Disease associations

	ANA	ds-DNA	ss-DNA	His-tone	sm	U1-RNP	SSA	SSB	scl 70	Further AABs
Discoid lupus										
Drug-induced lupus eryth.		3	pos.	90						
Systemic lupus eryth.	90-100	50-90		10-40	30-40	30-50	25-40	to 15		Cardiolipin
Mixed collagen. (MCTD)	90-100	to 20			to 10	90-100	10-20	to 10		

Updated 28/01/2022

	ANA	ds-DNA	ss-DNA	His-tone	sm	U1-RNP	SSA	SSB	scl 70	Further AABs		
Progress. sclero-dermia	30-90	to 25				to 20			to 40		Centro-mere to 35	Rheum factors Ab
CREST-syndrome	90-100	to 10							to 10		Centro-mere to 80	
Dermato/ polymyos.	20-60	to 20				to 15	To 10			PM-1 to 65	Jo-1 pos.	Mi 2, Ku, striated muscles
Sjoegren syndrome	50-90	to 25				to 15	10-60	10-60	to 20	Parotis-Ab	Centro-mere to 15	Rheum factors Ab
Chronic aggressive hepatitis	30-50		to 60							ASMA, LMA, LKM	Centro-mere to 10	
Rheumat. Arthritis	25-50	to 20	pos.	to 25		to 15	to 20	to 15	-	RF, CCP	Centro- mere to 10	

ASMA = Antibodies against smooth muscles

LMA = Antibodies against Liver-Membrane-Antigen

LKM = Antibodies against Liver-Kidney-Membrane

MCTD = Mixed connective tissue disease

CREST = **c**alcinosis, **R**aynaud phenomenon, **e**sophageal dysmotility, **s**clerodactyly and **t** elangiectasia.

The following tests are available:

- **Centromere autoantibodies**

General:

The limited cutaneous form of systemic scleroderma (lcSSc) is often referred to as **CREST syndrome**. "CREST" is an acronym for the five main features **C**alcinosis, **R**aynaud's syndrome, **E** sophageal dysmotility, **S**clerodactyly, **T**elangiectasia. It is a form of systemic scleroderma associated with antibodies against centromeres and usually spares the kidneys. If the lungs are involved it is usually in the form of pulmonary arterial hypertension.

CREST syndrome is a systemic inflammatory rheumatic disease and usually results in more pathologies than the five symptoms above. Patients with lcSSc commonly and slowly produce a pulmonary artery hypertension which can result in heart failure. Blood vessel thrombosis and arteriosclerosis has also led to the necessity of amputation of fingers. Open leg sores can result from burst blood vessels and thin skin, leading to chronic infections. Other symptoms of CREST syndrome can be exhaustion, weakness, difficulties with breathing, dizziness and badly healing wounds. The origin of CREST lies in the immune system. There is production of anti-nuclear and **anti-centromere** antibodies, although it is not known if these antibodies are involved in the cause of the symptoms of the disease. There is no known infectious cause.

Indication:	Suspicion of CREST syndrome
Material:	1 ml serum
TAT:	7-10 days*
Method:	FCM
Unit:	AI
Ref.- range:	<1.0

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit http://www.fml-dubai.com/parameter-listings/