**Systemic Sclerosis**

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| **Autoantibody** | **Clinical Association** | **Comments** |  | **Workup for all cases of Raynaud Phenomenon**- H&P focus on r/o secondary RP- Nailfold Capillary Microscopy- If H&P suggest: CBC, TSH, hypercoag w/u, ANA (“Antinuclear antibodies, IFA”), scleroderma Ab’s (to the left 🡨), urine prot/cr ratio |
| ANA | DcSSc, LcSSc | Prevalence: 70% |  |
| Anticentromere | LcSSc +/- PAH | Prevalence: 30%, a/w (> 90%) CREST |  |
| Anti-Scl-70 (DNA topoisomerase-1) | DcSSc; ILD | Prevalence: 30% highly associated with DcSSc |  |
| Anti-RNA polymerase III | DcSSc; scleroderma renal crisis |  |  |
| Anti-U3-RNP (fibrillarin) | DcSSc; PAH; myositis |  |  |
| Anti-Th/To | LcSSc; PAH | Rare |  |

**Raynauds Phenomenon (RP) Red Flags (ie – concern for secondary RP)**

Onset after 40 years old

Male

Asymmetric

Trophic changes (ulcers, pits, gangrene)

Ischemic s/s proximal to fingers or toes

Worsening symptoms despite warm env.

Abnormal nailfold capillary microscopy

Sclerodactyly, rashes, other e/o secondary RP

Positive antibodies

