

autoimmune markers

Antineutrophil cytoplasmic antibody (ANCA)  
 c-ANCA—Wegener's granulomatosis > polyarteritis nodosa  
 p-ANCA—polyarteritis nodosa > Wegener's granulomatosis  
 Can be increased with drugs (e.g. penicillins, sulphonamides, quinolones, phenytoin, thiazides)

Antiglomerular basement membrane (antibody directed at type 4 collagen)  
 Goodpasture's syndrome

Anti-smooth muscle  
 Autoimmune, chronic active hepatitis, EBV

Anti-mitochondrial  
 Primary biliary cirrhosis, chronic active hepatitis, idiopathic cirrhosis

Anti-gliadin, anti-endomyseal, anti-transglutaminase  
 Coeliac disease

Anti-intrinsic factor and parietal cell antibody  
 Pernicious anaemia

Anti-TSH receptor  
 Autoimmune thyroid disease—Graves' disease and Hashimoto's thyroiditis

Anti-acetylcholine receptor protein  
 Myasthenia gravis

Muscle-specific receptor tyrosine kinase (MuSK) antibody  
 Myasthenia gravis

Antinuclear antibody (ANA)  
 Low specificity—seen in SLE, other autoimmune diseases; can be normal in low titre, especially with increased age or if drug induced

Rheumatoid factor (IgG versus IgM)  
 Low specificity—rheumatoid arthritis, mixed cryoglobulinaemia, subacute bacterial endocarditis, any cause of chronic antigenic stimulation

Anticardiolipin  
 Low specificity—seen in antiphospholipid syndrome, SLE, other autoimmune diseases, viral illnesses  
 Increased significance if lupus anticoagulant and antiphospholipid antibodies also present

Anti-DNA  
 SLE

Anti-Smith  
 SLE

Anti-Ro and La  
 SLE with congenital heart block, Sjögren's syndrome

Anti-centromere  
 Limited cutaneous scleroderma (CREST syndrome)

Scleroderma-70  
 Diffuse scleroderma, rarely CREST syndrome

Anti-ribonuclear protein  
 SLE, mixed connective tissue disorder, undifferentiated connective tissue disease

C3 and C4  
 Fall in SLE, autoimmune chronic active hepatitis  
 Rise in biliary obstruction, nephrotic syndrome, acute phase response