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Clinical relevance of ANCA in small-vessel vasculitis: positioning of antigen-specific immunoassays

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To the editor:

In a recent publication of Suwanchote et al. in Clinical Rheumatology [1], the clinical significance of anti-neutrophil cytoplasmic antibodies (ANCA) is reviewed for a broad spectrum of ANCA-associated diseases, including small-vessel vasculitis and diseases of the gastro-intestinal tract.

The authors put forward indirect immunofluorescence (IIF) as a method for ANCA screening. In the paragraph describing granulomatosis with polyangiitis (GPA), the authors state that “a positive ANCA test (particularly c-ANCA) strongly supports the diagnosis” and in the paragraph related to microscopic polyangiitis, the authors state that “most patients are positive for p-ANCA.” Although these statements are correct, they do not give credit to the importance of the determination of the antigen specificity [proteinase 3 (PR3)-ANCA versus myeloperoxidase (MPO)-ANCA].

There is increasing evidence that support the idea that ANCA-associated vasculitis can be classified on the basis of the ANCA subtype [reviewed in 2]. PR3-ANCA and MPO-ANCA are associated with different epidemiological, genetic, and disease phenotype features as well as with response to therapy, relapse risk, and prognosis [2]. Such newly proposed classification by ANCA specificity allows for immediate diagnosis [2].

In line with the abovementioned insights on ANCA subtype, and supported by a large multicenter study that evaluated

the performance of immunoassays and IIF [3–5], a revision of the consensus recommendations on ANCA testing for small-vessel vasculitis has been published [6]. These revised consensus recommendations state that high-quality antigen-specific immunoassays for PR3-ANCA and MPO-ANCA are the preferred screening methodology for the diagnosis of ANCA-associated vasculitis [6].

These new developments in ANCA testing for small-vessel vasculitis were overlooked in the paper of Suwanchote et al.

Compliance with ethical standards

Disclosures None.

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