



## Dr. Gwenesta Melton

Rheumatologist  
La Fayette Clinic  
Fayetteville, NC



A 57 year-old Caucasian female presented to her PCP with shortness of breath, diffuse hand swelling, stiffness and decreased range-of-motion. The patient's shortness of breath seemed associated with a cough and was made worse with exercise. No further symptoms were noted at that appointment. Due to clinical presentation, the patient's PCP referred her to a Cardiologist for further evaluation. The patient's cardiac evaluation showed no cardiac etiologies for symptoms. After finding no cardiac involvement, the patient's PCP referred her to a Rheumatologist. However, before she could see them the patient suffered medical complications and was hospitalized for an intestinal blockage, the causes of which were unclear.

A few months later, the patient was referred to Dr. Melton with a positive ANA and suspicions of developing connective tissue disease (CTD). Upon clinical examination, Dr. Melton found that the patient had developed Raynaud's, had diffuse hand swelling, skin tightening, telangiectasias, cool digits, no digital ulcers, poor capillary refill and markedly decreased range-of-motion of both hands. In addition to her physical examination, Dr. Melton performed more peripheral testing for heart, lung and edema. Results showed normal heart sounds, peripheral edema LE 1+ and no rhonchi in lungs. Dr. Melton also ordered the Avisé CTD test to confirm her initial suspicions of Scleroderma or SLE.

POSITIVE MARKERS	RESULTS	REFERENCE RANGE
ANA by IIF	1:5120 (Nucleolar)	Negative (<1:80); Positive (≥1:80)
ANA by ELISA	149 Units	<20 (Negative); 20-59 (Positive); ≥ 60 ( Strong Positive)
BC4d	67 Net MFI	≤48 (Negative); >48-200 (Positive); >200 (Strong Positive)
Anti-SS-A/Ro IgG	176 U/mL	<7 (Negative); 7-10 (Equivocal); > 10 ( Positive)
Anti-Scl-70 IgG	13 U/mL	<7 (Negative); 7-10 (Equivocal); > 10 (Positive)

The Avisé CTD came back with positive results for ANA, BC4d, Anti-SS-A/Ro and Anti-Scl-70. Based on this and the clinical presentation, the patient was diagnosed with Scleroderma.

Dr. Melton placed the patient on 15 mg per day of Prednisone and gave the patient follow-up instructions to see her again after the patient's appointment with a Pulmonologist.

On August of 2015, the patient suffered complications of significant recurrent intestinal blockage and required emergency surgery. She had perforated diverticulitis and septic shock. The patient was discharged home and is pending follow-up with Dr. Melton to assess her therapy and monitor for further developing disease. In addition, the patient will also follow-up with a Pulmonologist to monitor Scleroderma induced lung involvement.



I use Avisé CTD for confirmation of connective tissue disease, autoimmune thyroid disease or to detect the presence of antiphospholid antibodies. Knowing that there is or isn't an underlying reason for the +ANA is very important for me, the patient and the referring provider.

