Antinuclear Antibody Disease Testing

INDICATIONS FOR TESTING
Evaluation of autoimmune diseases, especially SARD\(^a\) and ALD\(^b\)

Antinuclear antibody testing
[Antinuclear Antibody (ANA) with HEp-2 Substrate, IgG by IFA]

Positive\(^c\)
(nuclear staining observed)

Negative
(nuclear staining not observed)

Cytoplasmic staining observed\(^d\)

See Antinuclear Antibody Testing – Nuclear Patterns algorithm

See Antinuclear Antibody Testing – Cytoplasmic Patterns algorithm

Abbreviations

**Test name and results**
- **AMA**: Antimitochondrial antibodies
- **ANA**: Antinuclear antibodies
- **IFA**: Immunofluorescent assay

**Disease associations**
- **ALD**: Autoimmune liver disease
- **AIH**: Autoimmune hepatitis
- **DM**: Dermatomyositis
- **PM**: Polymyositis
- **MCTD**: Mixed connective tissue disease
- **PBC**: Primary biliary cholangitis
- **SARD**: Systemic autoimmune rheumatic disease
- **SjS**: Sjögren syndrome
- **SLE**: Systemic lupus erythematosus
- **SSc**: Systemic sclerosis
- **UCTD**: Undifferentiated connective tissue disease

\(^a\)SARD includes SLE, SjS, MCTD, UCTD, and SSc as well as inflammatory myopathies such as PM, DM, necrotizing myositis, and their overlap syndromes.

\(^b\)ALD includes PBC, AIH, and their overlap syndrome.

\(^c\)Reported nuclear patterns include centromere, homogeneous, nuclear dots, nucleolar, speckled, and any combinations of these. False-positive results may be induced by age, certain infections, cancers, and drugs.

\(^d\)Reported cytoplasmic patterns include reticular/AMA, speckled, discrete dots/GW body-like, golgi/polar, and rods/rings.

**Reference**