

DEW	DRY EYE: DIAGNOSTIC TEST TEMPLATE																																																																			
RAPPORTEUR	Juan Murube	25 th Dec 2004																																																																		
TEST	Hematological tests for Sjögren´s syndrome																																																																			
TO DIAGNOSE	Sjögren´s syndrome	REFERENCES																																																																		
VERSION of TEST	[1]																																																																			
DESCRIPTION	Hematological analyses, together with signs and symptoms, can be used to establish the diagnosis of primary or secondary Sjögren syndrome																																																																			
CONDUCT of TEST	Blood is taken by venepuncture according to standard procedures. Tests are performed by the appropriate laboratories, which will identify normal ranges for that laboratory.	For interpretation of results refer to reference list																																																																		
Web Video	Not available																																																																			
Materials:	Venepuncture equipment depending on local arrangements																																																																			
Standardization	Time of day [] Temperature [] Humidity [] Air speed [] Illumination [] Other:[]																																																																			
Diagnostic value	<table border="0"> <thead> <tr> <th></th> <th colspan="2">Hematological findings are positive in:</th> </tr> <tr> <th></th> <th>Primary SS (%)</th> <th>Secondary SS (%)</th> </tr> </thead> <tbody> <tr> <td>Anemia</td> <td>25</td> <td>75</td> </tr> <tr> <td>Leucopenia</td> <td>25</td> <td>3</td> </tr> <tr> <td>Lymphocytosis</td> <td>10</td> <td>3 with RA 3 with SLE</td> </tr> <tr> <td>Eosinophilia over 6%</td> <td>20</td> <td>10 with RA 5 with SLE</td> </tr> <tr> <td>Thrombocytosis</td> <td>2</td> <td>60 with SLE</td> </tr> <tr> <td>Thrombocytopenia</td> <td>2</td> <td>30 with SLE</td> </tr> <tr> <td>Globular Sedimentation Velocity? over 30 mm/h</td> <td>80</td> <td>90</td> </tr> <tr> <td>Hypergammaglobulinemia IgG and/or IgM</td> <td>70</td> <td>70</td> </tr> <tr> <td>Cryoglobulinemia</td> <td>4</td> <td>4</td> </tr> <tr> <td>Circulant immunocomplexes</td> <td>85</td> <td>5 with RA 25 with SLE</td> </tr> <tr> <td>Complement</td> <td>Increased in 50</td> <td>Decreased in 50</td> </tr> <tr> <td>Hypercreatinimemia</td> <td>10</td> <td>40</td> </tr> <tr> <td>Hyper β₂-microglobulinemia</td> <td>30</td> <td>30</td> </tr> <tr> <td>Rheumatoid factors</td> <td>51</td> <td>80</td> </tr> <tr> <td>LE cells phenomenon</td> <td>10</td> <td>30 with RA 90 with SLE</td> </tr> <tr> <td>Rose-Waaler</td> <td>50</td> <td>80 with RA</td> </tr> <tr> <td>HLA B8</td> <td>90</td> <td>25 with RA 15 with SLE</td> </tr> <tr> <td>(HLA)* DR3</td> <td>70</td> <td>15 with RA</td> </tr> <tr> <td>(HLA)* DR4</td> <td>15</td> <td>85</td> </tr> <tr> <td>Anti-epithelium of salivary Ducts Ab</td> <td>25</td> <td>25 with RA</td> </tr> </tbody> </table>		Hematological findings are positive in:			Primary SS (%)	Secondary SS (%)	Anemia	25	75	Leucopenia	25	3	Lymphocytosis	10	3 with RA 3 with SLE	Eosinophilia over 6%	20	10 with RA 5 with SLE	Thrombocytosis	2	60 with SLE	Thrombocytopenia	2	30 with SLE	Globular Sedimentation Velocity? over 30 mm/h	80	90	Hypergammaglobulinemia IgG and/or IgM	70	70	Cryoglobulinemia	4	4	Circulant immunocomplexes	85	5 with RA 25 with SLE	Complement	Increased in 50	Decreased in 50	Hypercreatinimemia	10	40	Hyper β ₂ -microglobulinemia	30	30	Rheumatoid factors	51	80	LE cells phenomenon	10	30 with RA 90 with SLE	Rose-Waaler	50	80 with RA	HLA B8	90	25 with RA 15 with SLE	(HLA)* DR3	70	15 with RA	(HLA)* DR4	15	85	Anti-epithelium of salivary Ducts Ab	25	25 with RA	
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	<p>ANA (Antinuclear Ab) 75 70 with SLE 95</p> <p>Anti-SS-A (Anti Ro) Ab 70 15 with RA</p> <p>Anti-SS-B (Anti La) Ab 70 5 with RA 10 with SLE</p> <p>Anti-SS-C (PAR, ANAR) 10 80 with RA 3 with SLE</p> <p>Anti-Sm 0 18 with SLE</p> <p>Anti-U1RNP 0 32 with SLE</p> <p>Anti-α-fodrin 95 66</p> <p>Anti-M3 receptor 100 90</p> <p>*</p> <p>HLA status: Differences in HLA findings between different races makes it impossible to give absolute importance to the phenotypes. SS is more frequently associated in Caucasians to haplotypes B8, DRw52 and DR3 (Loiseau P, Lepage V, Djelal F, et al. HLA class I and class II are both associated with the genetic predisposition to primary Sjögren syndrome. Hum Immunol 2001;62:725-31). Even in Caucasians, a prevalent association with DR2 has been found in Scandinavians and with DR5 in Greeks (Papasteriades et al. 1988)</p>	
Repeatability	Intra-observer agreement. [NA] Inter-observer agreement. [NA]	
Sensitivity	[NA]	
Specificity	[NA]	
FORWARD LOOK	The elementary subdivision of Sjögren syndrome into primary and secondary will be divided in the future into many more specific types when the immunologic targets are better defined	
Glossary	HLA = Human Leukocyte Antigen. M3 = muscarinic receptor – type 3 RA = Rheumatoid Arthritis. SLE = Systemic Lupus Erythematosus SS = Sjögren syndrome	

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