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Antinuclear Antibody, Rheumatoid Factor, and Cyclic-Citrullinated Peptide Tests for Evaluating Musculoskeletal Complaints in Children: Comparative Effectiveness Review Number 50

By U. S. Department of Health and Human Services

CreateSpace Independent Publishing Platform. Paperback. Book Condition: New. This item is printed on demand. Paperback. 158 pages. Dimensions: 11.0in. x 8.5in. x 0.4in. Musculoskeletal (MSK) pain is common in children and adolescents, with an estimated prevalence ranging from 2 to 50 percent. MSK pain can affect physical, psychological, and social function and often prompts consultation with a physician. However, MSK pain is often nonspecific, which can make it difficult to arrive at an accurate diagnosis. MSK pain may be due to rheumatic or nonrheumatic causes. Nonrheumatic causes are more common, generally benign, and most often attributable to trauma, overuse, and normal bone growth. Rheumatic causes, such as inflammatory arthritis, are infrequent, generally chronic, and require accurate, timely diagnosis and effective intervention to prevent progression and long-term damage. Common rheumatic causes of childhood MSK pain include pediatric systemic lupus erythematosus (pSLE) and juvenile idiopathic arthritis (JIA). A complete history and physical examination is generally considered to be the best way to make a diagnosis of inflammatory arthritis. Physicians may request serological tests such as antinuclear antibody (ANA), rheumatoid factor (RF), and cyclic-citrullinated peptide (CCP) when children and adolescents are suspected of having inflammatory arthritis, despite the fact that the diagnostic performance, usefulness,...



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