

# Case Study 5

## 47 Year Old Female

**Chief Complaint: overlapping symptoms with ANA positivity**

**Dr. Priya Reddy, Riverview, FL**



A 47 year old female was referred to Dr. Priya Reddy with a 6-7 month history of intermittent pain in her neck, anterior chest wall (worse on the right), right arm (worse with exertion, lifting or repetitive motion) and deep breaths.

The patient also reported having right arm weakness due to pain, for which she took ibuprofen initially but discontinued due to heartburn. However, the patient did find relief with the occasional use of Tramadol. In addition, the patient reported having joint pain in her hands, wrists, knees and lower back. She also noted having morning stiffness and occasional knee swelling.

A review of systems found that the patient had a positive history of fatigue, headaches, trouble sleeping, rash, dry eyes/mouth, cold intolerance, heartburn, abdominal pain at times, anxiety, and depression. The patient was negative for pericarditis, pleuritis, nephritis, foamy, dark urine, seizures, cytopenias uveitis, scleritis, Raynaud's, DVT/PE and miscarriages.

Upon clinical examination, Dr. Reddy noted the patient was overweight with no distress, no alopecia, no malar rash, no scleral injection, conjunctiva clear or pallor. However, the patient did show neck pain with ROM.

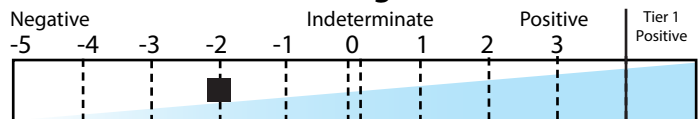
MRI of the cervical spine showed: c/w disc disease, spondylosis, of note, predominantly LEFT sided moderate to severe, foraminal narrowing of C5, C6 and mild central canal narrowing at those levels. Possible C5, C6 radiculopathy.

To help assess the patient, Dr. Reddy ordered the AVISE CTD test as well as other lab tests including:

- TSH - Negative
- Sed rate, CRP- Normal



### AVISE CTD Test Result: Negative Index: -2.0



Key Assays	Results	Reference Range
<b>ANA by IIF</b>	1:160 (Homogeneous)	Negative <1:80 Positive ≥1:80
<b>ANA by ELISA</b>	7 Units	<20 Negative 20-59 Positive ≥60 Strong Positive
<b>CB-CAPs - EC4d</b>	6 Net MFI	<15-Negative 15-75 Positive >75 Strong Positive
<b>CB-CAPs - BC4d</b>	14 NET MFI	<61-Negative 61-200 Positive >200 Strong Positive

**Other assays of interest:**

- Anti-dsDNA- Negative
- Anti-Smith - Negative
- ENA, APS, RA & Thyroid panel - Negative

Based on clinical assessment, MRI findings, lack of positive ENA and SLE associated biomarkers, Dr. Reddy was able to confidently diagnose the patient with cervical degenerative disease and benign muscular pain.

The AVISE CTD test helped give Dr. Reddy confidence in her diagnosis and she was able to refer the patient to an orthopedic spine specialist for further treatment.