

# PATHWAY TO DIAGNOSIS: ANCA-ASSOCIATED VASCULITIS



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## Which type of ANCA-associated vasculitis do I most likely have?

- Severe nasal crusting
- Saddle nose deformity
- Recurrent sinus or ear infections
- Rapid hearing loss
- Lung infiltrates or bloody sputum
- Rapidly progressive kidney failure (dark frothy urine)

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- Lung infiltrates or bloody sputum
- Interstitial lung disease
- Peripheral neuropathy
- Rapid hearing loss

- Nasal polyps
- New adult-onset asthma
- Recurrent hives
- New heart failure
- Peripheral neuropathy
- High eosinophils on blood tests

### Other possible shared features:

- Painful, red eyes
- Breathing difficulties
- Skin petechiae or purpura
- Skin ulcers
- Painful or swollen joints
- Muscle aches
- Abdominal discomfort or nausea
- Ankle and feet swelling
- Severe fatigue
- Unexpected weight loss
- Low-grade fevers
- Night sweats



Lab tests



Imaging



Biopsy



Others (Scopes, EMG, PFTs)

c/PR3-ANCA

p/MPO-ANCA

*Suspect...*

### Granulomatosis with polyangiitis (GPA)

- 90% of systemic GPA are ANCA-positive
- Up to 70% of limited GPA are ANCA-positive (disease mostly limited to sinuses, nose and throat tissues)

*Suspect...*

### Microscopic polyangiitis (MPA)

- 90% of MPA are ANCA-positive
- 95% have kidney involvement
- 1 in 5 need dialysis
- Lower relapse rate than GPA

*Suspect...*

### Eosinophilic granulomatosis with polyangiitis (EGPA)

- 40% are p/MPO-ANCA-positive
- ANCA-negative patients have more frequent heart involvement
- ANCA-positive patients have more frequent skin, kidney, lung and nerve involvement