



**Laboratory and Other Studies for Vasculitis**

Test	Notes
Complete blood count with differential	Typically nonspecific findings, such as anemia of chronic disease and thrombocytosis. Leukopenia and thrombocytopenia are unusual in the systemic vasculitides, suggesting other diagnoses (e.g., systemic lupus erythematosus, neoplasia).
Urinalysis	Look for signs of glomerulonephritis (dysmorphic erythrocytes, erythrocyte casts or mixed cellular casts).
Transaminases	Elevation suggests viral hepatitis, which can cause secondary vasculitis.
ESR	Nonspecific; can be elevated in infection and in primary vasculitis.
Hepatitis Serology	Vasculitides associated with virus may be indistinguishable from idiopathic polyarteritis nodosa or microscopic polyangiitis. Virus-associated vasculitis may respond to antiviral therapy.
ANCA	Most cases of Wegener's granulomatosis have c-ANCA pattern with antigen specificity for proteinase 3. Microscopic polyangiitis and Churg-Strauss syndrome are associated with p-ANCA with antigen-specificity for myeloperoxidase.
Cryoglobulins	May cause vasculitis, often secondary to hepatitis C.
Antinuclear antibody	Patients with alveolar hemorrhage, leukopenia, and thrombocytopenia may have systemic lupus erythematosus.
Chest x-ray	Up to one third of patients with Wegener's granulomatosis have asymptomatic pulmonary involvement.
CT of chest and sinuses	Particularly helpful in patients with Wegener's granulomatosis. Often reveals nodules and infiltrates undetected by chest x-ray.

ANCA = antineutrophil cytoplasmic antibody; CT = Computed tomography; ESR = erythrocyte sedimentation rate.

Table adapted from *Physicians Information and Education Resource (PIER)*, Vasculitis module.