Centromere autoantibodies

see ANA Profile

General:

The limited cutaneous form of systemic scleroderma (lcSSc) is often referred to as **CREST syndrome**. "CREST" is an acronym for the five main features **C**alcinosis, **R**aynaud's syndrome, **E** sophageal dysmotility, **S**clerodactyly, **T**elangiectasia. It is a form of systemic scleroderma associated with antibodies against centromeres and usually spares the kidneys. If the lungs are involved it is usually in the form of pulmonary arterial hypertension.

CREST syndrome is a systemic inflammatory rheumatic disease and usually results in more pathologies than the five symptoms above. Patients with lcSSc commonly and slowly produce a pulmonary artery hypertension which can result in heart failure. Blood vessel thrombosis and arteriosclerosis has also led to the necessity of amputation of fingers. Open leg sores can result from burst blood vessels and thin skin, leading to chronic infections. Other symptoms of CREST syndrome can be exhaustion, weakness, difficulties with breathing, dizziness and badly healing wounds.

The origin of CREST lies in the immune system. There is production of anti-nuclear and **anti-centromere** antibodies, although it is not known if these antibodies are involved in the cause of the symptoms of the disease. There is no known infectious cause.

Indication:	Suspicion of CREST syndrome
Material:	1 ml serum
TAT:	7-10 days*
Method:	FCM
Unit:	AI
Ref.- range:	<1.0

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit http://www.fml-dubai.com/parameter-listings/

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