Testing for antineutrophil cytoplasmic antibodies (ANCAs) in patients with systemic vasculitides and other diseases

To the editor,

In the excellent study recently published in the *Annals of the Rheumatic Disease*, Damoiseaux et al showed a high diagnostic performance of antigen-specific immunoassay for the detection of myeloperoxidase (MPO) and proteinase 3 (PR3) antineutrophil cytoplasmic antibodies (ANCAs). These data challenge the role of indirect immunofluorescence in the ANCA testing algorithm. In our centre, we have discarded ANCA indirect immunofluorescence more than a decade ago. Therefore, new data showing the feasibility of screening by antigen-specific immunoassay have a particular value for us. In the recent series of 284 patients with ANCA-associated vasculitides, we have detected ANCAs by this approach in 96.9% of patients with microscopic polyangiitis (MPA) but only in 72.7% of patients with granulomatosis with polyangiitis (GPA) (Table 1). The latter result can be explained by a relatively high occurrence of localised GPA in our series, since a rate of ANCA positivity reached 92.2% in patients with renal GPA.

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Table 1 Results of ANCA testing in 284 patients with ANCA-associated vasculitides, n (%)
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