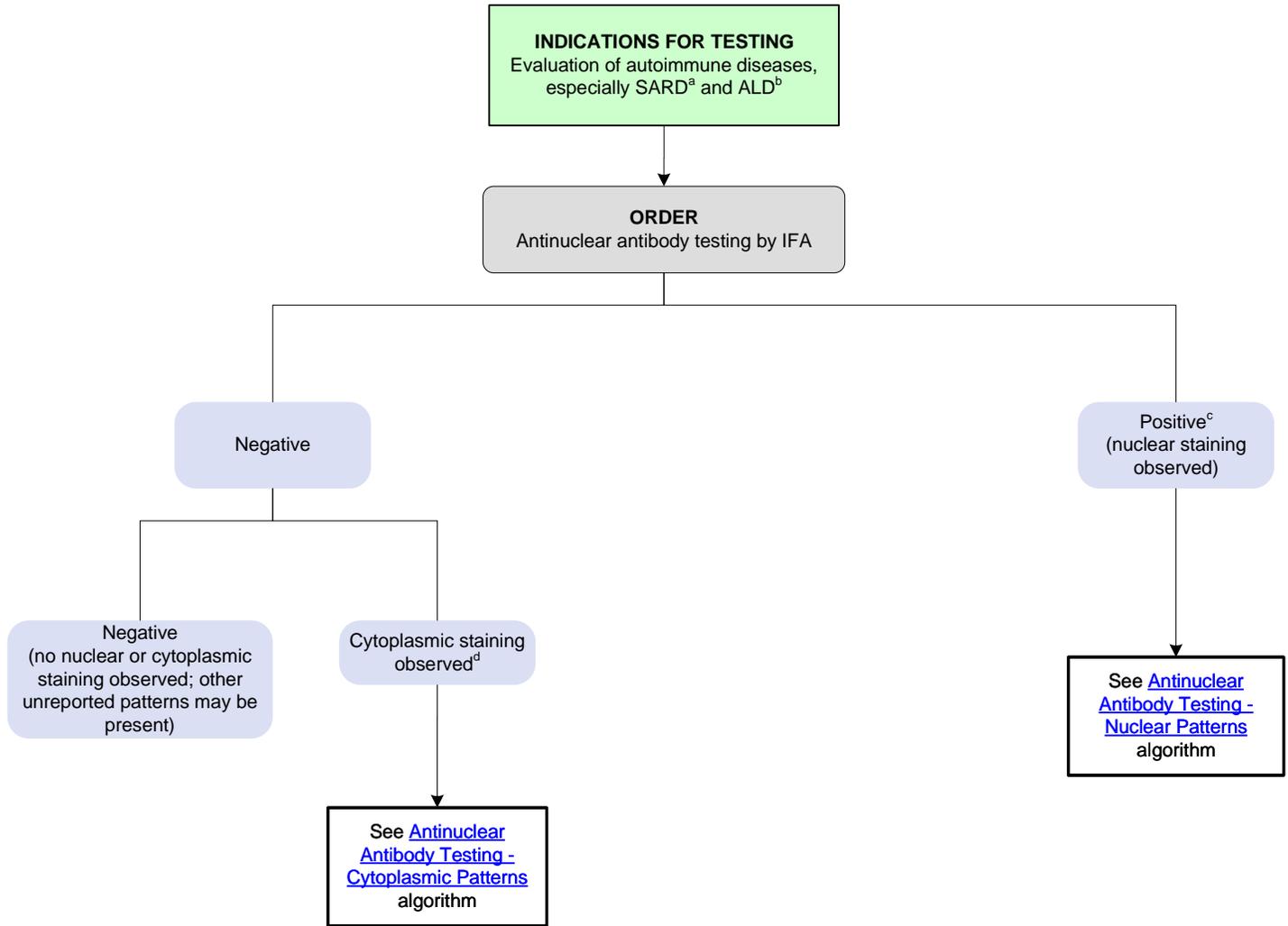


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| Abbreviations | |
|---------------|--|
| ALD | Autoimmune liver disease |
| AIH | Autoimmune hepatitis |
| AMA | Antimitochondrial antibody |
| ANA | Antinuclear antibody |
| DM | Dermatomyositis |
| IFA | Indirect fluorescent antibody (assay) |
| MCTD | Mixed connective tissue disease |
| PBC | Primary biliary cholangitis |
| PM | Polymyositis |
| SARD | Systemic autoimmune rheumatic disease |
| SjS | Sjögren syndrome |
| SLE | Systemic lupus erythematosus |
| SSc | Systemic sclerosis |
| UCTD | Undifferentiated connective tissue disease |

^aSARD includes SLE, SjS, MCTD, UCTD, and SSc as well as inflammatory myopathies such as PM, DM, necrotizing myositis, and their overlap syndromes.

^bALD includes PBC, AIH, and their overlap syndrome.

^cReported nuclear patterns include centromere, homogeneous, nuclear dots, nucleolar, speckled, and any combinations of these. False-positive results may be induced by age, certain infections, cancers, and drugs.

^dReported cytoplasmic patterns include reticular/AMA, speckled, discrete dots/GW body-like, golgi/polar, and rods/rings.

Reference

Damoiseaux J, Andrade LEC, Carballo OG, et al. Clinical relevance of HEp-2 indirect immunofluorescent patterns: the International Consensus on ANA patterns (ICAP) perspective. *Ann Rheum Dis.* 2019;78(7):879-889.