

ANCA

Synonyms

Anti-neutrophil cytoplasmic antibody

Clinical Indication

The presence of any of the following features in the absence of another obvious cause is an indication for ANCA testing:

- Glomerulonephritis, especially rapidly progressive GN
- Pulmonary haemorrhage, especially pulmonary-renal syndrome
- Cutaneous vasculitis, especially with systemic features
- Multiple lung nodules
- Chronic destructive disease of the upper airway
- Long-standing sinusitis or otitis
- Subglottic tracheal stenosis
- Mononeuritis multiplex or peripheral neuropathy
- Retro-orbital mass

ANCA repeats: after 1 month it is reasonable to monitor therapy, or to check for relapses if patient is in remission.

ANCA test should only be requested if there is a high suspicion of vasculitis due to the poor negative predictive value and potential for false positives.

All samples found to be positive or weak positive by immunofluorescence have MPO and PR3 antibodies measured.

Part of Profile / See Also

Request Form

Combined Pathology manual Blood form or ICE request

Availability / Frequency of Analysis

Urgent same/next day analysis must be discussed with laboratory and samples must be in the lab by 12pm.

[Assay performed daily Monday - Friday](#)

Turnaround Time

4 working days (unless other arrangements have been made)

Patient Preparation

None required

Sample Requirements

Please note a separate sample is required when Immunology tests are requested in addition to Biochemistry tests

Specimen Type

Serum

Volume

2 ml

Container



Yellow top (SST) tube



Or Paediatric Yellow top (SST) tube

Reference Range & Units

Interferences

Haemolysis

Interpretation & Clinical**Decision Value (if applicable)**

Positive samples have a pattern reported; C-ANCA is the cytoplasmic pattern associated with granulomatosis with polyangiitis (formerly known as Wegener's granulomatosis); P-ANCA is the perinuclear pattern associated with small vessel vasculitic disease. See MPO antibodies and PR3 antibody pages for further interpretation. Positive ANCA (P or C) is of doubtful significance if both MPO and PR3 antibodies are negative. However there are methodological difference between MPO and PR3 antibody assays and if you have strong clinical indications of small vessel vasculitis and the ANCA is positive, MPO and PR3 can be tested by an alternative method in another laboratory. Telephone the Immunology clinical scientist for advice.

Repeat no sooner than one month, if clinical features indicate.

References

<https://labtestsonline.org.uk/tests/ancampopr3-antibodies>

Test code

ANCA

Lab Handling

Aliquot sample and store at 4°C