### Royal Adelaide Hospital Rheumatology Clinical Information Sheet

#### Clinical Condition
- **Multisystem / Connective Tissue Disease**

#### Eligibility
- Recent onset polyarthralgias, rash, headache, constitutional symptoms

#### Priority
- **Urgent**: if major organ involvement or vasculitis suspected:

  - Mon-Fri, 9-5: must be discussed with the rheumatology registrar on call on 08 8222 4000 to obtain appropriate prioritisation and then a referral letter faxed to 08 8222 895.
  - After hours: medical registrar on call via RAH switchboard 8222 4000, otherwise: **Semi-urgent**: Referrals should be faxed to 08 8222 5895

#### Differential Diagnoses
- **CTD**: Uncommon: SLE, Sjogren’s Syndrome
- Others are rare: systemic sclerosis
- Poly/dermatomyositis
- Article II.
- **Vasculitis**: Uncommon: Giant Cell Arteritis
- Others are rare: polyarteritis nodosa
- Polyangiitis with granulomata (Wegener’s)

#### Information required with referral
- Full history and physical exam
  - CTD: Raynaud’s phenomenon often associated
  - Rash, mouth ulcers, alopecia, photosensitivity
  - GCA: unilateral headache, unilateral blindness, jaw claudication
  - Small vessel vasculitis: Muscle pain, marked early morning stiffness, nasal stuffiness, dyspnoea, cough with haemoptysis

#### Other medical & allied health practitioners the patient has seen concerning this problem

#### Investigations required with referral
- False positive tests common
- None of these conditions can be diagnosed by a single test
- Reasonable initial investigations:
  - FBC, U&Es, LFTs, ESR, CRP, RF, anti-CCP Ab, ANA, ENA, dsDNA, C3, C4, Ca²⁺, PO₄⁻², CK, ANCA, thyroid function, MSU, urine protein, dysmorphic red blood cells
  - CXR

  - Consider urgent ultrasonography of temporal arteries and temporal artery biopsy with vascular surgeons even prior to referral. Steroids can be started – biopsy useful if done within 10 days of starting steroids.

#### Pre-Referral management strategies (include with referral)
- Commence high dose prednisolone (50 – 75mg) if temporal arteritis possible and urgent referral as above for temporal artery biopsy.
- Beware high dose prednisolone (>10mg) in other settings
- Paracetamol

#### Discharge Criteria/information
- Discharge once the problem resolves and/or no long term disease-modifying/immunosuppressive therapy is required.

#### Red flags
- that should trigger referral back for review: dependent on individual but include return of symptoms, rise in ESR, CRP, dsDNA

#### Fact sheets
- The patient with a positive ANA

---

For more information

Susanna Proudman
Rheumatology Unit
Royal Adelaide Hospital
North Terrace Adelaide
Telephone: 08 8222 4000