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**EVOLIUCINĖ MEDICINA:  
ŽMOGAUS RAIDOS PERSPEKTYVOS IR SVEIKATA  
BESIKEIČIANČIOJE APLINKOJE**

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**EVOLUTIONARY MEDICINE:  
PERSPECTIVES ON HUMAN DEVELOPMENT AND HEALTH  
CONSEQUENCES IN A CHANGING ENVIRONMENT**

Rengėjas:

Vilniaus universiteto Medicinos ir sveikatos mokslų  
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# CLINICAL MANIFESTATIONS OF ANCA-ASSOCIATED VASCULITIS DEPENDING ON ANCA SEROPOSITIVITY: UNIVERSITY CLINIC EXPERIENCE

**Giedre DERESEVICIENE<sup>1</sup>, Jolanta DADONIENE<sup>1,2</sup>, Dalia MILTINIENE<sup>1,3</sup>**

<sup>1</sup>State Research Institute Centre for Innovative Medicine, Vilnius, Lithuania

<sup>2</sup>Department of Public Health, Institute of Health Sciences, Faculty of Medicine, Vilnius University, Vilnius, Lithuania

<sup>3</sup>Clinic of Rheumatology, Orthopedics Traumatology and Reconstructive Surgery, Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, Vilnius, Lithuania

Contact e-mail: giedre.dereseviciene@imcentras.lt

**Background and Aim:** Anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV) affects small- to medium-sized vessels and is characterized by the production of ANCAs. The ANCA-negative term is used if the patient otherwise fulfills the definition for AAV but has negative results on serologic testing for ANCAs. The aim of this study was to compare the clinical manifestations of ANCA-positive and -negative patients and to assess the main differences possibly related to the presence of ANCA.

**Materials and Methods:** A cross-sectional study of 73 patients treated at the tertiary Rheumatology Centre of University Hospital from the 1 January, 2001, to the 31 August, 2023, with diagnoses of AAV was carried out. Clinical characteristics and laboratory data were collected at the onset or at the first year of the disease.

**Results:** Forty-eight (65.8%) patients were ANCA-positive, while twenty-five (34.3%) were ANCA-negative. C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) were elevated for all AAV patients, but values were higher in ANCA-positive patients' group. A higher prevalence of kidney involvement 60.4% was observed in the ANCA-positive group compared with 24% in the ANCA-negative group ( $p < 0.05$ ). Neurological involvement was more frequently found in the ANCA-positive patient group: 29.2% compared to 20%. Among patients with ANCA-negative vasculitis, 88% had pulmonary; 92% ear, nose, throat; 48% joint; and 28% skin presentation. In comparison, involvement of these organs was less common in the ANCA-positive patients' group, at 79.2%, 60.4%, 31.3%, and 25 %, respectively.

**Conclusions:** The clinical situation of ANCA-positive patients appears to be more severe in terms of laboratory changes and kidney damage. Our results support that diagnosis should be based on clinical features rather than ANCA assay results, as the differences in involvement of most organ systems between ANCA-positive and -negative patient groups were not statistically significant.

**Keywords:** ANCA-associated vasculitis, ANCA-negative, ANCA-positive