

NAME	: Mrs. SHALINI	PATIENT ID	: 1365736
AGE/ GENDER	: 30 YRS/FEMALE	REG. NO./LAB NO.	: 012407310041
COLLECTED BY	:	REGISTRATION DATE	: 31/Jul/2024 10:30 AM
REFERRED BY	:	COLLECTION DATE	: 31/Jul/2024 10:38AM
BARCODE NO.	: 01514181	REPORTING DATE	: 31/Jul/2024 12:36PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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### IMMUNOPATHOLOGY/SEROLOGY

#### ANTI CYCLIC CITRULLINATED PEPTIDE CCP2 (HIGHLY SENSITIVE)

ANTI CYCLIC CITRULLINATED PEPTIDE (CCP)	1.2	AU/mL	0.00 - 5.00
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ANTIBODY: SERUM

by CMIA (CHEMILUMINESCENCE IMMUNOASSAY)

**INTERPRETATION:**

1. ANTI-CCP antibodies are potentially important surrogate marker for diagnosis and prognosis in rheumatoid arthritis (RA).
  2. Anti-CCP is of two types: Anti-CCP1 & Anti-CCP2.
  3. **Anti-CCP2 is HIGHLY SENSITIVE (71%) & more specific (98%) than Anti-CCP1.**
  4. Anti-CCP2 predict the eventual development in Rheumatoid Arthritis (RA), when found in undifferentiated arthritis
  5. Anti-CCP2 may be detected in healthy individual's years before onset of clinical Rheumatoid Arthritis as well as to differentiate elderly onset Rheumatoid Arthritis from Polymyalgia Rheumatic & Erosive SLE.
  6. **The positive predictive value of Anti-CCP antibodies for Rheumatoid Arthritis is far greater than Rheumatoid factor. Up to 30% patients with seronegative Rheumatoid Arthritis also show Anti CCP antibodies**
- RHEUMATOID ARTHRITIS:**
1. Rheumatoid Arthritis is a systemic autoimmune disease that is multi-functional in origin and is characterized by chronic inflammation of the membrane lining (synovium) joints which leads to progressive joint destruction and in most cases to disability and reduction of quality life.
  2. The disease spreads from small to large joints, with greatest damage in early phase.
  3. The diagnosis of RA is primarily based on clinical, radiological & immunological features. The most frequent serological test is the measurement of RA factor.
  4. RA factor is not specific for rheumatoid arthritis, as it is often present in healthy individuals with other autoimmune diseases and chronic infections.
  5. ANTI-CCP have been discovered in joints of patients with RA, but not in other form of joint disease.

\*\*\* End Of Report \*\*\*



  
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