

Table of Contents:

A. Arthralgias	pg. 2
B. Joint Swelling, Joint Contracture, Limp Joint	pg. 2
C. Weakness	pg. 3
D. Back Pain	pg. 3
E. Malar Rash	pg. 4
F. Proteinuria and/or Hematuria	pg. 4
G. Unexplained Fevers or Weight Loss	pg. 5
H. Skin Tightening or Extremity Color Changes	pg. 5
I. Iritis	pg. 6
J. Chronic Pain	pg. 6
K. Positive (+) ANA	pg. 6

* These guidelines are to be used only as a tool for initial reference and not be used as exclusive indicators for referral to Rheumatology.

A. Arthralgias [ICD-9 Code: 719.4*] [ICD-10 Code: M25.5*]

Possible Diagnosis

- Systemic Juvenile Idiopathic Arthritis (JIA)
- Polyarticular
- Oligoarticular

Pre-Referral Evaluation

Check for presence of:

- ▶ Joint swelling
- ▶ Hypermobility
- ▶ Flat feet

When to refer to Rheumatology

- ▶ If patient has persistent joint swelling, persistent limp or joint contracture
- ▶ If assistance is needed for managing hypermobility

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR, UA, ANA, RF, HLA-B27
- ▶ X-rays if appropriate

B. Joint Swelling, Joint Contracture, Limp Joint [ICD-9 Code: 719.0*] [ICD-10 Code: M25.4*]

Possible Diagnosis

- Systemic Juvenile Idiopathic Arthritis (JIA)
- Polyarticular
- Oligoarticular

Pre-Referral Evaluation

- ▶ Rule out infection, septic joint - if suspicious, refer urgently to Orthopaedics
- ▶ Document joint swelling, contractures
- ▶ Check X-rays as appropriate

When to refer to Rheumatology

- ▶ If patient has persistent joint swelling, persistent limp or joint contracture, not attributable to an Orthopedic problem

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR, UA, ANA, RF, HLA-B27
- ▶ X-rays if appropriate
- ▶ Place PPD

C. Weakness [ICD-9 Code: 728.87] [ICD-10 Code: M62.81]

Possible Diagnosis

- Juvenile Dermatomyositis

Pre-Referral Evaluation

- ▶ Check for proximal muscle weakness
- ▶ Check for presence of typical DM rash
- ▶ Consider MRI (w/o Gd) of prox muscles

When to refer to Rheumatology

- ▶ If weakness persists and is not attributable to a neurologic problem
- ▶ If there is a typical DM rash (Gotton's or Heliotrope)
- ▶ If the MRI shows muscle edema consistent with inflammation

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR, UA, CPK, Aldolase
- ▶ Place PPD

D. Back Pain [ICD-9 Code: 724.5] [ICD-10 Code: M54.9]

Possible Diagnosis

- Juvenile Ankylosing Spondylitis (JAS)

Pre-Referral Evaluation

- ▶ Check for Sacroiliac Joint tenderness
- ▶ Check for ability to flex and extend back
- ▶ Consider MRI (w/Gd) of LS spine and SI joints

When to refer to Rheumatology

- ▶ If patient shows signs of SI joint tenderness or +MRI c/w inflammatory arthritis in SI joints/spine
- ▶ If there is significant decreased ROM in the back

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR UA, HLA-B27
- ▶ Place PPD
- ▶ CXR/spine films + SL jts

E. Malar Rash [ICD-9 Code: 782.1] [ICD-10 Code: R21]

Possible Diagnosis

- Systemic Lupus Erythematosus (SLE)

Pre-Referral Evaluation

- ▶ Monitor if rash persists over time, or becomes purpuric or eroded
- ▶ Check screening ANA and if positive, send full Lupus panel
- ▶ Check for other signs of Systemic Lupus

When to refer to Rheumatology

- ▶ If rash persists or becomes purpuric or eroded
- ▶ If Lupus antibodies are positive (not just ANA)
- ▶ If patient has any other systemic signs of Lupus, including: joint swelling, oral ulcers, proteinuria, serositis, cytopenias, or mental status changes

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR UA, HLA-B27
- ▶ Place PPD
- ▶ CXR/spine films + SL jts

F. Proteinuria [ICD-9 Code: 791.0] [ICD-10: R80.9] Hematuria [ICD-9 Code: 599.70] [ICD-10 Code: R31.9]

Possible Diagnosis

- Systemic Lupus Erythematosus (SLE)
- ANCA - associated Vasculitis
- Goodpasture's Syndrome

Pre-Referral Evaluation

- ▶ Monitor if rash persists over time, or becomes purpuric or eroded
- ▶ Check 1st am urine for Prot/Creatinine
- ▶ Rule out infection (urine cx, Chlamydia/GC)
- ▶ Refer to Nephrology Referral Guidelines

When to refer to Rheumatology

- ▶ If proteinuria persists and there is no infectious or anatomic cause found
- ▶ If lupus antibodies are positive
- ▶ If there are any other signs of systemic disease including: rash, fever, weight loss, arthritis, serositis, etc.

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR, UA, HLA-B27
- ▶ Place PPD
- ▶ CXR/spine films + SI jts

G. Unexplained Fevers [ICD-9 Code: 780.60] [ICD-10 Code: R50.9] Weight Loss [ICD-9 Code: 783.21] [ICD-10 Code: : R63.4]

Possible Diagnosis

- Systemic Juvenile Idiopathic Arthritis (JIA)
- Periodic Fevers Syndromes

Pre-Referral Evaluation

- ▶ Rule out infection first (Infectious Disease consult)
- ▶ Rule out malignancy (Oncology consult)
- ▶ Examine for signs of systemic autoimmune disease, especially arthritis

When to refer to Rheumatology

- ▶ If no evidence of infection or malignancy
- ▶ If there are specific signs of systemic disease - including: rash, oral ulcers, arthritis, serositis, etc.
- ▶ If there is a family history of periodic fevers

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR, UA, ANA, Lupus Panel
- ▶ CXR
- ▶ Place PPD

H. Skin Tightening or Extremity Color Changes [ICD-9 Code: 709.8] [ICD-10 Code: : L98.8]

Possible Diagnosis

- Raynaud's Phenomenon
- Scleroderma

Pre-Referral Evaluation

- ▶ Examine for signs of sclerodactyly or skin tightening, esophageal dysmotility, calcinosis, pulmonary hypertension

When to refer to Rheumatology

- ▶ If there are progressive skin changes (inc. linear)
- ▶ If there are joint contractures
- ▶ If there are any signs of systemic disease

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR, UA, ANA, Lupus Panel
- ▶ CXR
- ▶ Place PPD

I. Iritis [ICD-9 Code: 364.*] [ICD-10 Code: H20.0*]

Possible Diagnosis

- Juvenile Idiopathic Arthritis (JIA)
- Sarcoid
- ANCA Vasculitis

Pre-Referral Evaluation

- ▶ Refer urgently to Ophthalmology
- ▶ Examine for signs of systemic disease, especially arthritis

When to refer to Rheumatology

- ▶ If the Ophthalmologist confirms Uveitis and there is not an infectious cause found

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR, UA,
- ▶ Urine Prot/Cr
- ▶ Place PPD

J. Chronic Pain [ICD-9 Code: 338.29] [ICD-10 Code: G89.29]

Possible Diagnosis

- Fibromyalgia

Pre-Referral Evaluation

- ▶ Examine for specific source (joint swelling)
- ▶ Refer 1st to specific specialists (Neuro for headaches, GI for abdominal pain, etc.)

When to refer to Rheumatology

- ▶ Only if there is a specific source of pain, i.e. arthritis or myositis or there is lab evidence of inflammation (abn ESR)
- ▶ Refer to pain management and/or PT for Fibromyalgia

Pre-Referral Workup

- ▶ CBD, Panel 18, ESR, UA
- ▶ X-rays if appropriate

K. Positive (+) ANA [ICD-9 Code: 795.79] [ICD-10 Code: R76.0]

Possible Diagnosis

- Pauci JIA
- SLE
- Hashimoto's

Pre-Referral Evaluation

- ▶ Examine for specific of autoimmune disease (jt swelling, rash, etc.)

When to refer to Rheumatology

- ▶ If patient has specific clinical signs to autoimmune disease (not just a (+) ANA)

Pre-Referral Workup

- ▶ CBC, Panel 18, ESR, UA
- ▶ T4, TSH
- ▶ Lupus Panel

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