



## Pediatric Rheumatology

Proper diagnosis and early aggressive intervention of rheumatic diseases can minimize both short and long term morbidity of these conditions. The goals of treatment of childhood rheumatologic diseases are to control disease activity, preserve normal physical, social and emotional growth and development, minimize chronic disability and deformity and achieve remission of disease.

Our physicians are skilled in diagnosis, treatment and long-term monitoring of therapeutic effectiveness and coordination of care for children with rheumatic diseases.

Valley Children's experienced pediatric rheumatology team treats one of the largest populations with periodic fever syndromes in the country. We offer a multidisciplinary approach to patient care and collaborate closely with Nephrology, Orthopaedic Surgery, and Physical and Occupational Therapy.

### **Access Center**

24/7 access for referring physicians  
866-353-KIDS (5437)

### **Outpatient Referral**

Referral forms online at [valleychildrens.org/refer](http://valleychildrens.org/refer)  
FAX: 559-353-8888

### **Rheumatology Office Numbers**

Main: 559-353-6450  
FAX: 559-353-7214

### **Physician Liaison**

559-353-7229

\*Laboratory workup should be as complete as possible in local labs, otherwise, send results of what is available.

Call Rheumatologist to discuss any ill patients for possible referral or clinical uncertainty.

Condition	Pre-Referral Work-up	When to Refer
Dermatomyositis / Muscle Weakness	<ul style="list-style-type: none"> <li>• Skin rashes (eyelids, nuckles, knees, elbows)</li> <li>• Photosensitivity</li> <li>• Weakness (proximal muscles), swallowing difficulties, fatigue</li> <li>• Nail folds</li> <li>• Erythema</li> <li>• Calcium nodules</li> <li>• Suggested labs: CBC with diff, CK, LDH, Aldolase, AST, ALT, ESR, CRP</li> </ul>	<ul style="list-style-type: none"> <li>• Abnormal labs</li> <li>• Muscle weakness (severe weakness or abdominal pain can be a medical emergency)</li> <li>• Swallowing problems</li> </ul>
Fever of Unknown Origin	<ul style="list-style-type: none"> <li>• Fever pattern and duration</li> <li>• Associated symptoms (e.g., rashes, weight loss)</li> <li>• Diary or calendar of fevers episodes</li> <li>• Ethnicity and family history</li> <li>• Infections ruled out</li> <li>• Clear sinuses and chest X-rays</li> <li>• Labs: CBC with diff, ANA, ESR, CRP, AST, LDH, blood cultures</li> <li>• Suggested workup: TB skin test, stool for occult blood</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent fevers over 2 weeks with no identifiable source</li> <li>• Mouth sores</li> <li>• Swollen joints</li> <li>• Abnormal labs (e.g., high ESR)</li> </ul>

Condition	Pre-Referral Work-up	When to Refer
<p>Possible SLE</p> <p>Evidence of multisystem disease may present as arthritis, chronic ITP, hemolytic anemia, or renal disease</p>	<ul style="list-style-type: none"> <li>• Rashes (malar, discoid), photosensitivity, hair loss, fatigue, fevers, Raynaud's, mouth ulcers, swollen joints, bruising, bleeding, edema</li> <li>• Family history of autoimmune disease</li> </ul> <p>Suggested labs: CBC with Diff, CMP, ESR, CRP, ANA, ENA (Smith / RNP), Anti-dsDNA, C3, C4, UA, urine protein/creatinine ratio</p>	<ul style="list-style-type: none"> <li>• Strongly positive ANA and other abnormal labs</li> <li>• Low ANA (1:40, 1:80) with absence of clinical or other lab findings is unlikely to be SLE</li> <li>• (Of note: ANA 1:40 is negative)</li> </ul>
Raynaud's	<ul style="list-style-type: none"> <li>• Triphasic color change (white, purple, red) in response to cold or stress.</li> <li>• Primary more common in adolescent females</li> <li>• Evidence of other organ involvement (secondary)</li> <li>• Digital ulcers</li> <li>• Nail fold vessel changes</li> <li>• Labs: CBC, Diff, Plts, ANA, Antiphospholipid antibodies, UA</li> </ul>	<ul style="list-style-type: none"> <li>• Severe symptoms or frequent episodes, digital ulcerations, signs of other autoimmune disease</li> <li>• Abnormal labs</li> </ul>
Scleroderma Syndromes	<ul style="list-style-type: none"> <li>• Multisystem disease in generalized form (e.g., dysphagia, dyspnea, renal involvement)</li> <li>• Skin changes (thickening, tightening)</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected scleroderma of any type</li> <li>• Skin tightening</li> </ul>

Condition	Pre-Referral Work-up	When to Refer
Swollen Joint, Painful Joints (Juvenile Arthritis)	<ul style="list-style-type: none"> <li>• Call Rheumatologist if concern about systemic arthritis, unexplained fevers, prolonged fevers, morning stiffness, rash, decreased appetite, low energy and activity level, response to NSAIDS</li> <li>• Family history of Ankylosing Spondylitis, Psoriasis or IBD</li> <li>• Swollen joints, tenderness and decreased range of motion</li> <li>• Suggested labs: CBC, diff, Plts, ANA, ESR, RF, CRP, UA, ASO, DNase B</li> </ul>	<ul style="list-style-type: none"> <li>• Swollen joints, stiffness in the morning for longer than 6 weeks</li> <li>• Contractures</li> <li>• Refusal to ambulate</li> <li>• Missing school due to stiffness or pain</li> </ul>
Vasculitis Multisystem Involvement	<ul style="list-style-type: none"> <li>• History of rashes (non-blanching purpura), ulcerations, abdominal pain, chronic epistaxis, hemoptysis, chronic sinusitis, hematuria, arthritis, stroke, seizure</li> <li>• Hypertension</li> <li>• Nasal ulcers</li> <li>• Suggested labs: CBC, ESR, CRP, UA, Creat, ANCA</li> </ul>	<ul style="list-style-type: none"> <li>• Complicated HSP or prolonged</li> <li>• Suspected vasculitis: Wegener's, Takayasu's, Polyarteritis</li> <li>• Abnormal abdominal, lung, CNS or joint exam</li> </ul>