

Immunology Review

Raynaud Phenomenon: Triggered by cold temperatures or emotional stress. Triphasic skin color changes. May need to treat with calcium channel blocker or nerve block.

Reiter Syndrome: Reactive arthritis after a GI or GU infection. Resolves spontaneously. Can't see, can't pee, can't climb a tree.

Rheumatoid Arthritis: Pannus formation that erodes into bone with cyst formation. PIP and MCP joints of hands.

Scleroderma: Progressive fibrosis. CREST syndrome (Calcinosis, Raynaud, Esophageal, Sclerodactyly, Telangiectasias). Complication is pericardial effusion.

Systemic Lupus Erythematosus: Multiple autoantibodies. Multiple types. Manage complications and arrange follow-up.

Vasculitis: Non-specific constitutional symptoms with skin findings. Classification based on vessel size. Treatment is immunosuppression and supportive care.

Kawasaki Disease: AKA Mucocutaneous Lymph Node Syndrome. **Diagnostic criteria:**

- A fever that lasts for a minimum of 5 days
- The presence of 4 of the following 5 conditions:
 1. Bilateral conjunctival injection
 2. Changes of the mucosae of the oropharynx, including an injected pharynx, an injected and/or dry fissured lips, and a strawberry tongue
 3. Changes of the peripheral extremities, such as edema and/or erythema of hands and/or feet, and desquamation (usually beginning periungually)
 4. Rash (primarily truncal), which is polymorphous but nonvesicular
 5. Cervical lymphadenopathy

Treat with high dose ASA and IV gamma globulin.

Sarcoidosis: Noncaseating granulomas. Vague constitutional symptoms and respiratory complaints. Treat with glucocorticoids.

Rheumatic Fever: Delayed immunologic disease after strep infection. **Jones Criteria:**

Major

Carditis
Migratory polyarthritis
Chorea
Erythema Marginatum
Subcutaneous Nodules

Minor

fever
arthralgia
Previous rheumatic fever
Elevated ESR or CRP
Prolonged PR interval

Requires two major or one major and two minor.