Rheumatology Abbreviations and Diagnosis

Abbreviation	Diagnosis	Definition
AS	Ankylosing Spondylitis	Either + or – Genetic marker more common in males. Spondylitis indicates located in the back.
ANA	Antinuclear Antibodies	Labs shwing autoimmune disease. Either + or – result.
	Athralgia	Skeletal/Muscle Pain. Also can be listed as R/O Arthitis
	Arthritis	
CRMO	Chronic Recurrent Multifocal Osteomyelitis	Non-infectious autoimmune inflammation of the bone. Mostly seen in long bones. Typically diagnosed by elevated labs and follow up bone scans
CPK	Creatine Phosphokinase	Lab test
CMV	Cytomegalovirus	
	Dermatomyostis	Similar to scleroderma can be internal.
	Eczema	
	Elevated CPK	
	Fevers (Recurrent, unexplained, etc.)	Can be genetic related and the sign of inflammation.
	Fibromyalgia	
HSP	Henoch Scholein Purpura	Small Vessel Vasculitis
	Iritis/Uveitis	Increased risk when diagnosed with Arthritis. S/S Severe Redness, Blurry vision. Can lead to blindness.
	Joint Swelling/Joint Pain	
JIA	Juvenile Idiopathic Arthritis	Most common type of arthritis in children AKA JRA. (JIA new terminology)

Information gathered from https://wiki.utah.edu/confluence/display/phimschedpool/Allergy%2C+Immunology%2C+Rheumatology+Diagnoses .
Reviewed and approved by Danica Reader, RN University of Utah Pediatric Rheumatology. Last updated 01/2016.

JRA	Juvenile Rheumatoid Arthritis	Most common type of arthrisis in children. AKA JIA. (JRA old terminology)
	Lupus	Immune system attacks its own cells and tissue. Can cause periods of inflammation in various parts of the body.
	Lyme Disease	Transmitted by hard-bodied ticks.
	Morphia	Darkening of the skin due to scleroderma.
	Myocitis	Autoimmune mediated inflammation of the muscle. Causes weakness and can cause permanent damage if not treated.
Oli JIA	Oligoarticular JIA	3 or less affected areas at diagnosis. Increased chance of remission.
Poly JIA	Polyarticular JIA	4 or more affected areas at diagnosis. Decreased chance of remission.
	Polyarthralgia	4 or more areas of skeletal/muscle pain.
	Positive or High ANA	
	Psoriatic Arthritis	Rare form of JIA. Characterized by psoriasis with one or two forms of arthritis.
	Raynaud's	Smaller arteries that supply blood to your skin narrow, limiting blood circulation to affected areas (vasospasm.)
RSD	Reflex Sympathetic Dystrophy	Pain issue characterized by nerves misfiring causing pain. Typically from injury. Certain kinds of PT and using the affected area help.
	Reiter's	AKA Reactive Arthritis. Develops as a reaction to an infection in another area of the body.
RA	Rheumatoid Arthritis	Rheumatoid + or -. + is more likely to get erosive disease.
	Scleroderma	AKA systemic sclerosis, a chronic connective tissue disease. Literally meaning "hard skin".
	Shulman's Syndrome	AKA EF. Allergy/Imm?
	Sjogrens Encephalopathy	Autoimmune. S/S Seizures, dementia. Treatment can lead to recovery.

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	Sjogrens Syndrome	Attacks the salivary glands and sweat glands. I.E. Dry mouth, eyes, skin. Can go along with other autoimmune disorders.
SpA	Spondyloarthropathy	
	Still's Disease AKA Systemic JIA	Serious form of JIA. Dx while inpatient. Typically very sick, joint pain, inflammation markers on labs leading to work up by multiple different specialties.
SLE	Systemic Lupus Erythematosus	See Lupus for Dx.
TMJD	Temporomandibular Joint Disorder	At increased risk for TMJ if Dx with Arthritis
	Vasculitis	Inflammation of blood vessels. Different names and classifications of vasculitis depending upon the size and type of blood vessels involved.
	Wegener's Disease	Very rare, characterized by vasculitis that results in damage to various organ systems of the body. Most often the respiratory tract and kidneys.
	Common Medications Used	
NSAIDS	Meloxicam, Neproxin	
DMARD	Methotrexate Humira Enbril	SQ or PO, Every week Every 2 weeks Powder or prefilled syringes, Every week
Infusions	Remicade Orenca	Every 2 weeks at first and then moved to Q 4-8 weeks. Given in RTU Every 4 weeks. Given in the RTU
	IVIG	Once a month typically.

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