

Rheumatic diseases are an important cause of disability in childhood. Proper diagnosis and early aggressive intervention 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.

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

Our experienced 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
FAX: (559) 353-8888

Rheumatology Office Number

Main: (559) 353-6450
FAX: (559) 353-7214
Physician Line: (559) 353-6451

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	<p>Skin rashes (eyelids, nuckles, knees, elbows), photosensitivity</p> <p>Weakness (proximal muscles), swallowing difficulties, fatigue</p> <p>Nail folds erythema</p> <p>Calcium nodules</p> <p>Suggested labs: CBC with diff, CK, LDH, Aldolase, AST, ALT, ESR, CRP</p>	<p>Abnormal labs</p> <p>Muscle weakness (severe weakness or abdominal pain can be a medical emergency)</p> <p>Swallowing problems</p>
Fever of Unknown Origin	<p>Fever pattern and duration</p> <p>Associated symptoms (e.g., rashes, weight loss)</p> <p>Diary or calendar of fevers episodes</p> <p>Ethnicity and family history</p> <p>Infections ruled out</p> <p>Clear sinuses and chest X-rays</p> <p>Labs: CBC with diff, ANA, ESR, CRP, AST, LDH, blood cultures</p> <p>Suggested workup: TB skin test, stool for occult blood</p>	<p>Persistent fevers over 2 weeks with no identifiable source</p> <p>Mouth sores</p> <p>Swollen joints</p> <p>Abnormal labs (e.g., high ESR)</p>
Possible SLE Evidence of multisystem disease may present as arthritis, chronic ITP, hemolytic anemia, or renal disease	<p>Rashes (malar, discoid), photosensitivity, hair loss</p> <p>Fatigue, fevers, Raynaud's, mouth ulcers, swollen joints, bruising, bleeding</p> <p>Edema, Family history of autoimmune disease</p> <p>Suggested labs: CBC with Diff, CMP, ESR, CRP, ANA, ENA (Smith / RNP), Anti-dsDNA, C3, C4, UA, urine protein/creatinine ratio</p>	<p>Strongly positive ANA and other abnormal labs</p> <p>Low ANA (1:40, 1:80) with absence of clinical or other lab findings is unlikely to be SLE</p> <p>(Of note: ANA 1:40 is negative)</p>
Raynaud's	<p>Triphasic color change (white, purple, red) in response to cold or stress.</p> <p>Primary more common in adolescent females</p> <p>Evidence of other organ involvement (secondary)</p> <p>Digital ulcers</p> <p>Nail fold vessel changes</p> <p>Labs: CBC, Diff, Plts, ANA, Antiphospholipid antibodies, UA</p>	<p>Severe symptoms or frequent episodes, digital ulcerations, signs of other autoimmune disease</p> <p>Abnormal labs</p>

Condition	Pre-referral Work-up	When to Refer
Scleroderma Syndromes	Skin changes (thickening, tightening) Multisystem disease in generalized form (e.g., dysphagia, dyspnea, renal involvement)	Suspected scleroderma of any type Skin tightening
Swollen Joint, Painful Joints (Juvenile Arthritis)	Call Rheumatologist if concern about systemic arthritis, unexplained fevers, prolonged fevers, morning stiffness, rash, decreased appetite, low energy and activity level, response to NSAIDS Family history of Ankylosing Spondylitis, Psoriasis or IBD Swollen joints, tenderness and decreased range of motion Suggested labs: CBC, diff, Plts, ANA, ESR, RF, CRP, UA, ASO, DNase B	Swollen joints, stiffness in the morning for longer than 6 weeks Contractures Refusal to ambulate Missing school due to stiffness or pain
Vasculitis Multisystem Involvement	History of rashes (non-blanching purpura), ulcerations, abdominal pain, chronic epistaxis, hemoptysis, chronic sinusitis, hematuria, arthritis, stroke, seizure Hypertension. Nasal ulcers. Suggested labs: CBC, ESR, CRP, UA, Creat, ANCA	Complicated HSP or prolonged Suspected vasculitis: Wegener's, Takayasu's, Polyarteritis Abnormal abdominal, lung, CNS, or joint exam