

**STANDARD OPERATING PROCEDURE (SOP):
RHEUMATOLOGIC EXAMINATION**

A. Goals

The goals of the examination are to:

1. Assess whether the participant has signs of an undiagnosed connective tissue disease (CTD), other than SS.
2. Catalog the signs of CTD in patients who ultimately may be diagnosed with primary SS.
3. Provide disease markers to help identify subsets of patients for diagnostic referral or future studies of extraglandular components of SS such as thyroid, liver or kidney diseases, or lymphoma.

B. Definitions

Graves' ophthalmopathy

Evidence of exophthalmos (proptosis), lid retraction, or lid lag (eyelids lag behind the globe during downward or upward gaze).

Scleral icterus

Bilateral diffuse yellow discoloration of the scleral conjunctivae.

Enlargement of thyroid gland

On palpation: unilateral or bilateral enlargement of the thyroid gland; single or multiple nodules.

Synovitis

Swelling, thickening, or tenderness in the tissues surrounding the proximal interphalangeal (PIP), metacarpophalangeal (MCP), wrist, or elbow joints.

Sclerodactyly

Loss of normal mobility of skin (with or without atrophy of soft tissues) of the fingers.

Dactylitis

Diffuse swelling in the joints of the digits, giving the appearance of a sausage.

Raynaud's phenomenon

Prolonged blanching of one or more digits.

Dilated capillary loops

Erythematous blush or visible capillaries in and around the nail folds of the fingers.

Nail fold infarcts

Fixed punctate erythema, ulceration, or eschar in and around the nail folds of the fingers.

Rheumatoid nodules

Fixed or mobile nodular swellings in the subcutaneous or periosteal areas.

Hepatomegaly

Screen for hepatomegaly by palpating the right upper quadrant of the abdomen in the midclavicular line. If the liver is palpable on deep inspiration, percuss its span from upper to lower border. A span of 8cm or greater constitutes hepatomegaly.

Splenomegaly

A palpable spleen tip under the left costal margin on deep inspiration constitutes splenomegaly.

Lymphadenopathy

Palpable lymph nodes greater than 1cm in diameter.

Malar rash

Fixed erythema, flat or raised, centered over the malar eminence and sparing the nasolabial fold. Tends to extend over the bridge of the nose.

Discoid lesions

Raised erythematous patches with adherent keratotic scale, telangiectasia, scarring, and follicular plugging. Hyperpigmentation or depigmentation may occur.

Palpable purpura

Non-blanching purpuric palpules.

Mat telangiectasias

Blanching, square-appearing clusters of dilated vessels.

C. Conditions Requiring Additional Evaluation

If the examining physician detects an abnormality that requires additional clinical and laboratory evaluation, the patient should be referred to his or her primary health care provider for further diagnosis and treatment. All SICCA evaluations planned for the patient on that day should be completed, but continuation in the Registry would depend on the results of the subsequent diagnosis and treatment.