

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB: 10/5/1978
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Epithelial Cell Surface Antibody IgG

ARUP test code 0090266

Epithelial Cell Surface Ab IgG

See Note
IMMUNODERMATOLOGY REPORT

Specimen(s):
1. Serum specimen

Clinical/Diagnostic Information:
No clinical information provided.

DIAGNOSTIC INTERPRETATION

Negative IgG cell surface antibodies by indirect immunofluorescence

(See Results and Comments including further testing recommendation)

RESULTS

Indirect Immunofluorescence

Cell Surface IgG and IgG4 Antibodies

IgG: Negative, monkey esophagus substrate
Negative, intact human skin substrate

IgG4: Negative, monkey esophagus substrate
Negative, intact human skin substrate

Reference Range:

Positive - Titer greater than 1:10
Borderline - Titer 1:10
Negative - Titer less than 1:10

(H = high/positive)

COMMENTS
Specific

These negative indirect immunofluorescence results for IgG, including IgG4, cell surface antibodies are against, but do not rule out, the diagnosis of pemphigus vulgaris, pemphigus foliaceus, or other IgG pemphigus variants. IgG cell surface antibodies by indirect immunofluorescence and IgG desmoglein antibody levels by ELISAs correlate with disease activity in pemphigus. These findings may reflect treated disease and do not rule out other immunobullous diseases.

In certain patients with pemphigus foliaceus and pemphigus

H=High, L=Low, *=Abnormal, C=Critical

vulgaris, IgG desmoglein 1 and/or IgG desmoglein 3 antibody levels by ELISAs may be more sensitive diagnostic markers than indirect immunofluorescence. Recommend consideration for further ELISA testing which may be accomplished on this specimen by add-on test request for IgG Desmoglein 1 and Desmoglein 3 antibodies (ARUP test number 0090649) and/or other clinically-indicated epithelial antibody testing by contacting ARUP Client Services, 800-242-2787 option 2.

If it would be helpful to discuss this patient's case with this report, contact ARUP Client Services at 1-800-242-2787 option 2 and ask to speak with the Immunodermatology Laboratory at the University of Utah regarding patient results.

General

Greater than 80 percent of patients with pemphigus have positive epithelial cell surface antibodies in their sera identified by indirect immunofluorescence. IgG4 subclass reactivity may be more sensitive than IgG in some patients with immunobullous diseases. Serum antibody titers correlate with disease activity. Cell surface antibodies are implicated in the pathophysiology of pemphigus and are not typically detected in normal individuals, in patients with other diseases or in patients with pemphigus whose disease activity is minimal and/or under therapeutic control. IgG cell surface antibodies characteristically are positive by indirect immunofluorescence in IgG pemphigus variants, including pemphigus foliaceus and pemphigus vulgaris, and IgA cell surface antibodies characteristically are positive in IgA pemphigus and also may be observed in some pemphigus variants along with positive IgG cell surface antibodies.

TESTING METHODS

Indirect Immunofluorescence

Cell Surface IgG and IgG4 Antibodies

The patients serum is progressively diluted in calcium-containing buffer beginning at 1:10 in three two-fold screening dilutions, layered on sections of intact normal human skin and monkey esophagus substrates, and stained with fluorescein-conjugated anti-IgG using Analyte Specific Reagents (ASRs). When positive, the serum is further diluted in two-fold reductions to the limiting dilution of antibody detection or to a maximum dilution of 1:40,960. Fluorescein-conjugated anti-IgG4 also is tested to increase test sensitivity (maximum serum dilution of 1:40). These tests were developed and their performance characteristics determined by the Immunodermatology Laboratory at the University of Utah. They have not been cleared or approved by the U.S. Food and Drug Administration. ASRs are used in many laboratory tests necessary for standard medical care and generally do not require FDA approval. These tests should not be regarded as investigational or for research only. [Immunofluorescence studies, two antibodies on two substrates]

Kristin M Leiferman, MD

Immunodermatologist

Electronically signed 1/10/2019 9:53:17PM

Performed at: ARUP - University Hospital Laboratory 50 N.

Medical Drive Salt Lake City UT 84132

H=High, L=Low, *=Abnormal, C=Critical

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Epithelial Cell Surface Ab IgG	19-009-400252	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical