Pemphigus Antibody Panel - Epithelial Cell Surface Antibodies and Desmoglein 1 and Desmoglein 3 Antibodies, IgG
ARUP test code 0090650

Pemphigus Antibody Panel, IgG

See Note

IMMUNODERMATOLOGY REPORT

Specimen(s):
1. Serum specimen

Clinical/diagnostic Information:
No clinical information provided.

DIAGNOSTIC INTERPRETATION

Consistent with pemphigus vulgaris
(See Results and Comments)

RESULTS

Indirect Immunofluorescence
---------------------------------------
Cell Surface IgG Antibodies

IgG: Positive, titer 1:80 (H), monkey esophagus substrate
Positive, titer 1:40 (H), 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)

Enzyme Linked Immunosorbent Assay (ELISA)
-----------------------------------------
Desmoglein (DSG) 1 and 3 IgG Antibodies

IgG desmoglein 1 antibodies: 3 units

Reference Range:
Positive (H) = Greater than 20 units
Borderline/indeterminate = 14-20 units
Negative = Less than 14 units

IgG desmoglein 3 antibodies: 96 units (H)

(Initial level, 108 units, greater than high calibrator; diluted to achieve 48 units, within assay calibrators, and multiplied by the dilution factor of 2)

Reference Range:

H - high L - low * - abnormal C - critical
Positive (H) = Greater than 20 units
Borderline/indeterminate = 9-20 units
Negative = Less than 9 units

(H = high/increased; units = units/mL serum)

COMMENTS
Specific

These indirect immunofluorescence results, demonstrating positive IgG cell surface antibodies, support the diagnosis of pemphigus. These ELISA results, demonstrating an increased IgG desmoglein 3 antibody level, further support the diagnosis of pemphigus vulgaris.

IgG cell surface antibodies by indirect immunofluorescence and IgG desmoglein antibody levels by ELISA testing correlate with disease activity in pemphigus; monitoring antibody levels may be useful in assessing response to therapy.

Serum dilution testing is based on performance assessments of the desmoglein ELISAs in which serum is diluted so that units are within the calibrator range, multiplied by the dilution factor and reported. Other laboratories that do not perform dilution testing may report results analogous to the initial level which is helpful for diagnosis; however, the diluted level likely better represents an antibody level for comparison and monitoring disease activity.

Questions about these results, including dilution testing, may be answered by contacting ARUP Client Services at 1-800-242-2787 option 2 and ask a representative to connect you with the Immunodermatology Laboratory at the University of Utah.

General

Greater than 80 percent of patients with pemphigus have positive epithelial cell surface antibodies in their sera identified by indirect immunofluorescence. 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.

Antibodies in serum from individuals with pemphigus bind to desmogleins, which are calcium-dependent adhesion molecules in cell surface desmosomes; such antibodies are detected by enzyme linked immunosorbent assay (ELISA) testing. Desmoglein antibodies are not increased in normal individuals. Specific reactivity to the type of desmoglein may be helpful in determining pemphigus subtypes; IgG desmoglein 1 autoantibodies predominate in patients with pemphigus foliaceus, and IgG desmoglein 3 autoantibodies, with or without accompanying desmoglein 1 autoantibodies, predominate in patients with pemphigus vulgaris. Overlapping expression of autoantibodies to both desmogleins 1 and 3 typically is associated clinically with both mucosal and skin lesions. ELISA testing for IgG desmoglein 1 and IgG desmoglein 3 antibodies is highly sensitive, with greater than 90 percent of pemphigus patients showing increased levels of one or both antibodies.

TESTING METHODS
Indirect Immunofluorescence

Cell Surface IgG 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. These tests were developed and their performance characteristics determined by the

H - high L - low * - abnormal C - critical

Patient: Patient, Example
ARUP Accession: 17-138-134499
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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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, one antibody on two substrates with one limiting dilution end-point titer]

Enzyme Linked Immunosorbent Assay (ELISA)

Desmoglein 1 and desmoglein 3 IgG serum antibody levels and additional desmoglein 3 IgG antibody level with diluted serum for comparative level determined by U.S. Food and Drug Administration-approved ELISAs. (Mesacup, MBL International).

[Three ELISAs]

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Electronically signed 5/24/2017 11:58:14PM

Performed at: ARUP - University Hospital Laboratory 50 N. Medical Drive Salt Lake City UT 84132

EER Pemphigus Antibody Panel, IgG

See Note

Access ARUP Enhanced Report using either link below:

-Direct access:

-Enter Username, Password: https://erpt.aruplab.com
  Username: 
  Password: 
  Performed at: ARUP - University Hospital Laboratory 50 N. Medical Drive Salt Lake City UT 84132

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<th>Collected</th>
<th>Received</th>
<th>Verified/Reported</th>
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END OF CHART

H—high  L—low  *—abnormal  C—critical