

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 1/1/1955
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

^Pemphigus Antibody IgA

ARUP test code 0092106

Pemphigus Ab, IgA

See Note
IMMUNODERMATOLOGY REPORT

Specimen(s):
1. Serum specimen

Clinical/Diagnostic Information:
No clinical information provided.

DIAGNOSTIC INTERPRETATION

Consistent with IgA pemphigus but atypical

(See Results, Comments, recent previous Pemphigoid Antibody Panel and IgG Pemphigus Antibody Panel testing reports with negative/normal findings and additional comments, and Recent Previous and Current Cell Surface Antibody Test Results Summary Chart)

RESULTS

Indirect Immunofluorescence

Cell Surface IgA Antibodies

IgA: Negative, monkey esophagus substrate
Positive, titer 1:1280 (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)

COMMENTS

Specific

These indirect immunofluorescence results, demonstrating IgA cell surface antibodies, support the diagnosis of IgA pemphigus. Clinical correlation is needed because the pattern is unusual with strong positive IgA cell surface reactivity on intact skin substrate and negative on monkey esophagus substrate.

IgA cell surface antibodies are found characteristically in IgA pemphigus. IgA cell surface antibodies may be found in patients

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

Unless otherwise indicated, testing performed at:

with other pemphigus variants, but recent prior testing for IgG cell surface antibodies by indirect immunofluorescence and IgG desmoglein 1 and IgG desmoglein 3 antibodies by ELISAs on this specimen was negative/normal in IgG Pemphigus Antibody Panel testing (recent previous report with additional comments). See chart (below) for summary of recent and current cell surface antibody test results. Prior Pemphigoid Antibody Panel testing also demonstrated negative/normal findings for IgG and IgA basement membrane zone antibodies (recent previous report with additional comments). Monitoring antibody profiles and levels may be useful in assessing disease expression and activity.

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.

RECENT PREVIOUS AND CURRENT TEST RESULTS SUMMARY CHART

Cell Surface Antibodies

Serum Number	Date of Specimen	IgG CS Titers	IgA CS Titers	DSG 1	DSG 3
19-0277 (See Note 1)	01/15/19	ME: Neg NS: Neg	ME: NA NS: NA	2	2
19-0501 (See Note 2)	01/15/19	ME: NA NS: NA	ME: Neg NS: 1:1280	NA	NA

Note 1: Negative/normal IgG and IgA basement membrane zone antibodies by indirect immunofluorescence and ELISAs in concurrent Pemphigoid Antibody Panel (serum 18-276) testing

Note 2: Add-on testing performed with original specimen (serum 18-0277) collected on 01/15/19

Chart Key:

IgG CS = IgG cell surface (CS) antibodies by indirect immunofluorescence with titer if positive

IgA CS = IgA cell surface (CS) antibodies by indirect immunofluorescence with titer if positive

ME = Antibody absence (negative) or antibody presence (positive endpoint titer) on monkey esophagus (ME) substrate

NS = Antibody absence (negative) or antibody presence (positive endpoint titer) on intact human normal skin (NS) substrate

DSG 1 = IgG desmoglein 1 antibody level (Units/mL) by ELISA
DSG 3 = IgG desmoglein 3 antibody level (Units/mL) by ELISA

Neg = Negative
NA = Not Assayed

COMMENTS

General

IgA cell surface antibodies, also known as intercellular substance antibodies, are positive in patients with IgA pemphigus and in some pemphigus variants along with positive IgG cell surface antibodies (References). IgA cell surface antibodies generally are negative in normal individuals, in patients with other immunobullous diseases, and in individual patients whose IgA pemphigus is minimal and/or under control.

(References: Porro AM, Caetano Lde V, Maehara Lde S, et al. Non-classical forms of pemphigus: pemphigus herpetiformis, IgA pemphigus, paraneoplastic pemphigus and IgG/IgA pemphigus. An

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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 19-030-402693
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 3 | Printed: 12/16/2020 8:09:37 AM
4848

Bras Dermatol 2014;89:96-106.

Mentink LF, de Jong MC, Kloosterhuis GJ, et al. Coexistence of IgA antibodies to desmogleins 1 and 3 in pemphigus vulgaris, pemphigus foliaceus and paraneoplastic pemphigus. Br J Dermatol 2007;156:635-41.)

TESTING METHODS
Indirect Immunofluorescence

Cell Surface IgA Antibodies

The patients serum is progressively diluted in calcium-containing buffer beginning at 1:5 in three two-fold screening dilutions, layered on sections of intact normal human skin and monkey esophagus substrates, and stained with fluorescein-conjugated anti-IgA 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 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]

██████████, MD
Immunodermatologist
Electronically signed 2/5/2019 11:28:07PM
Performed at: ARUP - University Hospital Laboratory 50 N.
Medical Drive Salt Lake City UT 84132

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Pemphigus Ab, IgA	19-030-402693	1/15/2019 12:09:00 PM	1/31/2019 12:21:14 PM	2/6/2019 3:43:00 PM

END OF CHART

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

Unless otherwise indicated, testing performed at: