Cutaneous Direct Immunofluorescence, Biopsy

Patient: [redacted] DOB: [redacted] Age: [redacted] Gender: F **Patient Identifiers:** [redacted] **Visit Number (FIN):** [redacted]	Client: [redacted] Physician: [redacted]	ARUP Test Code: 0092572 Collection Date: 11/19/2019 Received in lab: 11/27/2019 Completion Date: 12/02/2019

Test Information

Method

The specimen is cryosectioned and stained with fluorescein-conjugated antibodies to IgG, IgM, IgA, C3 and fibrinogen using Analyte Specific Reagents (ASRs) and examined with fluorescence microscopy.
See Compliance Statement A: www.aruplab.com/CS.

Use

Determine the presence and staining patterns of immunoglobulins (IgG, IgM, IgA), third component of complement (C3), and fibrinogen in skin or mucous membrane biopsy specimens from patients suspected of having immune-mediated diseases including immunobullous diseases, lupus erythematosus, lichen planus, vasculitis, other connective tissue diseases, porphyria, and pseudoporphyria.

Considerations

Biopsy site is critical for diagnostic information; see **arupconsult.com/Topics/ImmunobullousSkinDz** for more information on biopsy collection with diagnostic consideration.

Initial concurrent and repeat serum testing with Pemphigoid Panel and Pemphigus Panel is the most sensitive for diagnosis of immunobullous diseases, for determining antibody profiles, and for following disease activity and response to therapy.

Repeat testing recommended for indeterminate results and/or continuing clinical consideration of the disease, persistence, and/or worsening disease activity. Additional specimen submission is required.

For testing algorithm and additional information about immunobullous skin diseases, refer to: **arupconsult.com/Topics/ImmunobullousSkinDz**.

Patient Report

Patient's immunodermatology report from the University of Utah continues on following pages.

HEALTH
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IMMUNODERMATOLOGY REPORT

Patient: [redacted]
Medical Record Number:
Gender: F DOB: [redacted] Age: 47

Accession number: [redacted]
Procurement Date: 11/19/2019
Received Date 11/27/2019

Physician(s): [redacted]

Clinic Location: [redacted]

Phone: [redacted]
Fax:

Specimen(s):
1. Left thigh, skin, punch

Clinical/Diagnostic Information:
Presumptive diagnosis is allergic contact dermatitis versus subacute cutaneous lupus erythematosus. Patient with annular pink scaly patch in patient with eczematous patches more prominent in sun exposed areas and associated joint pain.

DIAGNOSTIC INTERPRETATION

Nondiagnostic findings by direct immunofluorescence

(See Results and Comments)

RESULTS

IgG: 1+ diffuse blood vessels

IgG4: Fibrils upper dermis

IgM: 1-2+ grains basement membrane zone

IgA: 1+ diffuse blood vessels and fibrillar basement membrane zone

C3: 1-2+ granular basement membrane zone

Fibrinogen: Connective tissue fibers mid dermis, smooth muscle bundles, and 1+ broad basement membrane zone

COMMENTS

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IMMUNODERMATOLOGY REPORT

Patient: [redacted] Accession number: [redacted]

MRN:

There is no evidence of granular IgG around basal cells on this specimen or at the basement membrane zone as is characteristic of subacute cutaneous lupus erythematosus. The findings noted on this specimen are nonspecific, in my estimate. I would suggest correlation with histopathological examination of formalin-fixed tissue and serum testing for lupus erythematosus.

TESTING METHODS

The specimen is sectioned and stained with fluorescein-conjugated antibodies to IgG, IgG4, IgM, IgA, C3, and fibrinogen, which are Analyte Specific Reagents (ASRs). ASRs are used in many laboratory tests necessary for standard medical care, and, generally, do not require Food and Drug Administration (FDA) approval. IgG4 subclass staining is performed because IgG4 reactivity may be more sensitive than IgG in some immune-mediated diseases. Negative control serial sections exposed to bovine serum albumin without antibody and a technically adequate hematoxylin and eosin-stained slide are prepared and examined for comparison to specific staining and for morphological orientation and features. This test was developed and its performance characteristics determined by the Immunodermatology Laboratory at the University of Utah. It has not been cleared or approved by the U.S. FDA. This testing should not be regarded as investigational or for research only.

[redacted] MD
Immunodermatologist
Electronically signed 12/2/2019 9:14:06AM

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