Voltage-Gated Potassium Channel Antibody Disorders

Voltage-gated potassium channel antibody disorders include limbic encephalitis, faciobrachial dystonic seizures, and peripheral nerve hyperexcitability disorders that may occur following immunotherapy and/or plasmapheresis.

Disease Overview

Incidence
Unknown

Symptoms
- Limbic encephalitis (mainly LGI1 antibodies):
  - Amnesia
  - Seizures
  - Disorientation
  - Psychiatric disturbance
  - Peripheral nerve hyperexcitability
  - Neuromyotonia
  - CSF usually normal
- Morvan syndrome (mainly CASPR2 antibodies):
  - Limbic encephalitis
  - Neuromyotonia
  - Confusion
  - Amnesia
  - Insomnia
  - Pain
  - Autonomic dysfunction: hyperhidrosis, constipation, urinary incontinence

Diagnostic Issues
Antibody testing may aid in diagnosis.

- Testing should be performed only when neuromuscular and/or neurological symptoms are present.
- Anti-VGKC disorders are rare and present with symptoms similar to those of other encephalitic disorders.
- Antibody testing should not be used for screening.
- Antibodies may be associated with paraneoplastic (autoimmune) or nonparaneoplastic neurological disorders.
- Not all neurological disorders or antibodies are associated with tumors.
  - In most antibody-mediated, non-neoplastic-associated diseases, individuals improve substantially with immunotherapy.
  - It is important to diagnose these illnesses due to therapeutic responsiveness.

Physiology
- VGKC autoantibodies:
  - Directed against a protein that is complexed with potassium channels in both the peripheral nervous system and CNS
    - CASPR2:
Aids in diagnosis of LGI1 and CASPR2 disorders

Differential evaluation of encephalitis of unknown origin with subacute onset of seizures, confusion, memory loss, and/or behavioral change

Panel includes NMDA receptor antibody, VGKC antibody, GAD65 antibody, AQP4 antibody, and LGI1 and CASPR2 antibodies.

For adults and patients with suspicion of cancer, additional evaluation of paraneoplastic autoantibodies is recommended.

Individual tests in the panel may also be ordered separately.

Test Interpretation

Results

VGKC Antibody, Serum
- Positive: >88 pmol/L
  - Suggests VGKC antibody-related disease
- Indeterminant: 32-87 pmol/L
  - Retest in 2-4 weeks
- Negative: 0-31 pmol/L
  - Likelihood of VGKC antibody-related disease is reduced but not necessarily eliminated

VGKC Antibody, CSF
- Positive: >1.1 pmol/L
  - Suggests VGKC antibody-related disease
- Negative: 0.0-1.1 pmol/L
  - Likelihood of VGKC antibody-related disease is reduced but not necessarily eliminated

LGI1 Antibody, Serum
- Positive: ≥1:10
  - Suggests LGI1 antibody-related disease
- Negative: <1:10
  - Does not rule out disorders associated with VGKC complex antibodies

CASPR2 Antibody, Serum
- Positive: ≥1:10
  - Suggests CASPR2 antibody-related disease
- Negative: <1:10
  - Does not rule out disorders associated with VGKC complex antibodies

Limitations

VGKC Antibody
- Presence of VGKC antibodies should be used in conjunction with clinical manifestations for:
  - Neuromyotonia spectrum of disorders
  - VGKC antibody-associated limbic encephalitis
- Should not be used as the sole criterion for diagnosis
- VGKC receptor-complex proteins may be coprecipitated by anti-VGKC antibodies, including:
  - LGI1

Autoimmune Encephalitis Reflexive Panel, Serum 2013601

Method: Semi-Quantitative Indirect Fluorescent Antibody

Aids in diagnosis of LGI1 and CASPR2 disorders

Autoimmune Encephalitis Reflexive Panel, Serum 3001431

Method: Semi-Quantitative Indirect Fluorescent Antibody/Quantitative Radioimmunoassay

Differential evaluation of encephalitis of unknown origin with subacute onset of seizures, confusion, memory loss, and/or behavioral change

Panel includes NMDA receptor antibody, VGKC antibody, GAD65 antibody, AQP4 antibody, and LGI1 and CASPR2 antibodies.

For adults and patients with suspicion of cancer, additional evaluation of paraneoplastic autoantibodies is recommended.

Individual tests in the panel may also be ordered separately.

Autoimmune Neuromuscular Junction Reflexive Panel 3003017


Acceptable reflexive panel for the differential diagnosis of acquired neuromuscular junction disorders

Panel includes acetylcholine receptor binding, blocking, and modulating antibodies; ganglionic acetylcholine receptor

See the Anti-NMDA Receptor (NR1) IgG Antibodies Test Fact Sheet for more information on the evaluation of NMDA antibodies in autoimmune encephalitis.
Related Information

- CASPR2
- Other unidentified targets

Related Tests

**Autoimmune Encephalitis Reflexive Panel, CSF 3002787**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody/Quantitative Radioimmunoassay/Semi-Quantitative Enzyme-Linked Immunosorbent Assay

**N-methyl-D-Aspartate Receptor Antibody, IgG, Serum with Reflex to Titer 2004221**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody

**N-methyl-D-Aspartate Receptor Antibody, IgG, CSF with Reflex to Titer 2005164**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody

**Glutamic Acid Decarboxylase Antibody 2001771**

*Method:* Semi-quantitative Enzyme-Linked Immunosorbent Assay

**Glutamic Acid Decarboxylase Antibody, CSF 3002788**

*Method:* Semi-quantitative Enzyme-Linked Immunosorbent Assay

**Aquaporin-4 Receptor Antibody 2003036**

*Method:* Semi-Quantitative Enzyme-Linked Immunosorbent Assay

**Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum 2013320**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody

**Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody, IgG by IFA with Reflex to Titer, Serum 3001260**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody

**Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody, IgG by IFA with Reflex to Titer, Serum 3001270**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody

**Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA with Reflex to Titer, Serum 3001277**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody

**PCCA/ANNA by IFA with Reflex to Titer and Immunoblot 2007961**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody/Qualitative Immunoblot

**Antinuclear Antibody (ANA) with HEP-2 Substrate, IgG by IFA 3000082**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody

**ANCA-Associated Vasculitis Profile (ANCA/MPO/PR3) 3003745**

*Method:* Semi-Quantitative Indirect Fluorescent Antibody/Semi-Quantitative Multiplex Bead Assay

**Antiphospholipid Syndrome Reflexive Panel 2003222**

*Method:* Electromagnetic Mechanical Clot Detection/Semi-Quantitative Enzyme-Linked Immunosorbent Assay

See Related Tests.