Autoimmune Neurologic Disease Panel With Reflex, Serum and CSF

Last Literature Review: May 2023 Last Update: June 2024

Autoimmune neurologic diseases represent a broad category of conditions characterized by immune dysregulation. Antibodies associated with these conditions may be present in the serum or cerebrospinal fluid (CSF) and can serve as useful markers of disease. Testing for these antineural antibodies should be considered when patients experience subacute onset of new, unexplained neurologic symptoms.

Disease Overview

Autoimmune neurologic diseases may localize to the peripheral nervous system or central nervous system (CNS). They can manifest with diverse symptoms including (but not limited to) brainstem or cerebellar syndromes, dysautonomia, encephalopathy, epilepsy, movement disorders, myelopathy, psychiatric changes, or rapidly progressive dementia. Antineural antibodies serve as useful markers of these diseases, and their detection may help establish a diagnosis, support treatment decisions, aid prognostication, serve as a prerequisite for enrollment in clinical trials, and guide the search for an associated malignancy.

For more information about laboratory testing for autoimmune neurologic diseases, including detailed information about panel test selection, refer to the ARUP Consult Autoimmune Neurologic Diseases - Antineural Antibody Testing topic.

Featured ARUP Testing

Autoimmune Neurologic Disease Panel with Reflex, Serum 3006051

Method: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody/Qualitative Immunoblot/Quantitative Radioimmunoassay (RIA)/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Autoimmune Neurologic Disease Panel With Reflex, CSF 3006052

Method: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody/Qualitative Immunoblot/Quantitative Radioimmunoassay (RIA)/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Test Description

ARUP's serum or CSF Autoimmune Neurologic Disease With Reflex panels can be used for the evaluation of patients with subacute onset of neurologic symptoms with possible autoimmune etiology. Testing for the presence of antineural antibodies in both serum and CSF is recommended in most situations.¹

These panels cover a broad range of autoimmune neurologic phenotypes; for greater diagnostic yield and improved turnaround time, consider choosing a phenotype-specific panel (see table below) rather than a broad panel.

ARUP Phenotype-Specific Panels to Consider for Autoimmune Neurologic Disease			
ARUP Panel	Test Code		
	Serum	CSF	
Autoimmune Encephalopathy/Dementia Panel	3006201	3006202	
Autoimmune Epilepsy Panel	3006204	3006205	
Autoimmune Movement Disorder Panel	3006206	3006207	
Autoimmune Myelopathy Panel	3006208	3006209	
Autoimmune Dysautonomia Panel	3006203	_	
Autoimmune Pediatric CNS Disorders	3006210	3006211	

Regardless of the panel chosen, order only one panel for serum and/or one panel for CSF; many antineural antibodies are redundant between these panels, and choosing based on the predominant phenotype will provide the most meaningful results. To compare these panels and the antibodies included, refer to ARUP Autoimmune Neurology Panel Components.

Testing for individual autoantibodies is also available separately and can be used for long-term monitoring.

Antibodies Tested and Methodology

Autoimmune Neurologic Disease Panel With Reflex, Serum (3006051) and CSF (3006052): Antibodies Tested and Methodology					
Autoantibody Marker	Method	Individ	Individual Autoantibody or Focused Panel Test Code		
		Serum	CSF		
AChR binding Ab, IgG ^a	RIA	0080009	-		
AMPAR Ab, IgG	CBA-IFA	3001260	3001257		
Amphiphysin Ab, IgG	IB	2008893	3004510		
ANNA-1 (Hu)	IFA, reflex IB, reflex titer	2007961	2010841		
ANNA-2 (Ri)	IFA, reflex IB, reflex titer	2007961	2010841		
AQP4 Ab, IgG	CBA-IFA, reflex titer	2013320	2011699 ^b		
CASPR2 Ab, IgG	CBA-IFA, reflex titer	2009452	3001986		
CV2 (CRMP-5) Ab, IgG	CBA-IFA, reflex titer	3016999	3017001		
DPPX Ab, IgG	CBA-IFA, reflex titer	3004359	3004512		
GABA-AR Ab, IgG	CBA-IFA, reflex titer	3006008	3006003		
GABA-BR Ab, IgG	CBA-IFA, reflex titer	3001270	3001267		
GAD65 Ab	ELISA	2001771	3002788		
Ganglionic AChR Ab, IgG	RIA	3003020	-		
IgLON5 Ab, IgG	CBA-IFA, reflex titer	3006018	3006013		
ITPR1 Ab, IgG	CBA-IFA, reflex titer	3006031	3006023		
LGI1 Ab, IgG	CBA-IFA, reflex titer	2009456	3001992		
mGluR1 Ab, IgG	CBA-IFA, reflex titer	3006044	3006039		
MOG Ab, IgG	CBA-IFA, reflex titer	3001277	-		
NMDAR Ab, IgG	CBA-IFA, reflex to titer	2004221	2005164		
PCCA-1 (Yo)	IFA, reflex IB, reflex titer	2007961	2010841		
PCCA-Tr/DNER	IFA, reflex IB, reflex titer	2007961	2010841		
P/Q-type VGCC Ab, IgG	RIA	0092628	-		
SOX1 (AGNA) Ab, IgG	IB	3002885	3002886		
VGKC Ab, IgG	RIA	2004890	3001387		

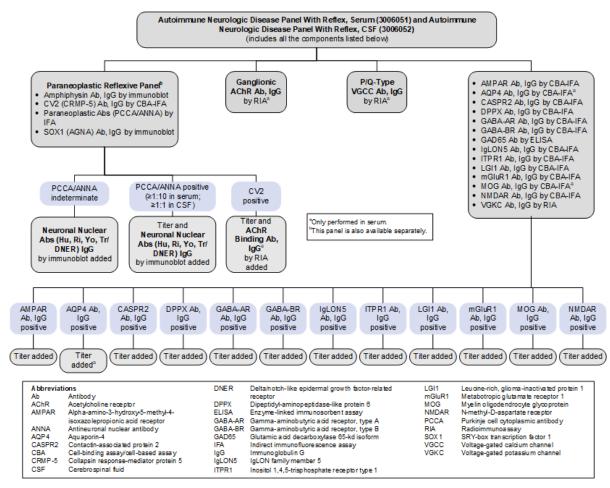
^aPerformed via reflex only, depending on the results of other autoantibody tests; refer to Reflex Patterns flowchart.

Ab, antibody; AChR, acetylcholine receptor; AGNA, antiglial nuclear antibody; AMPAR, alpha-amino-3-hydroxy-5-methyl-4-izoxazolepropionic acid receptor; ANNA, antineuronal nuclear antibody; AQP4, aquaporin-4; CASPRZ, contactin-associated protein 2; CBA, cell-binding assay/cell-based assay; CRMP-5, collapsin response-mediator protein 5; DNER, Delta/notch-like epidermal growth factor-related receptor; DPPX, dipeptidyl-aminopeptidase-like protein 6; GABA-AR, gamma-aminobutyric acid receptor, type A; GABA-BR, gamma aminobutyric acid receptor, type B; GAD65, glutamic acid decarboxylase antibody 65-kd isoform; IFA, indirect immunofluorescence assay; Ig, immunoglobulin; IgLON5; IgLON family member 5; ITPR1, inositol 1,4,5-triphosphate receptor type 1; LGI1, leucine-rich, glioma-inactivated protein 1; mGluR1, metabotropic glutamate receptor 1; MOG, myelin oligodendrocyte glycoprotein; NMDAR, N-methyl-D-aspartate receptor antibody; PCCA, Purkinje cell cytoplasmic antibody; RIA, radioimmunoassay; SOX1, SRY-box transcription factor 1; VGCC, voltage gated calcium channel; VGKC, voltage-gated potassium channel

Reflex Patterns

Autoimmune Neurologic Disease Panel With Reflex, Serum (3006051) and CSF (3006052)

 $^{^{\}mathrm{b}}$ Testing for AQP4 Ab is not included in the Autoimmune Neurologic Disease Panel With Reflex, CSF panel.



Limitations

These tests do not include all known antineural antibodies:

- · Some antibodies are extremely rare or are of uncertain clinical significance.
- As testing for newly described antibodies becomes available and their clinical relevance is established, these panels will evolve to reflect these discoveries.

Test Interpretation

Results

Results must be interpreted in the clinical context of the individual patient; test results (positive or negative) should not supersede clinical judgement.

Autoimmune Neurologic Disease Panel With Reflex, Serum (<u>3006051</u>) and CSF (<u>3006052</u>): Results Interpretation				
Result	Interpretation			
Positive for ≥1 autoantibodies	Autoantibody(ies) detected May support a diagnosis of autoimmune neurologic disease Consider a focused search for malignancy based on antibody-tumor associations			
Negative	No autoantibodies detected A diagnosis of autoimmune neurologic disease is not excluded			

References

1. Budhram A, Dubey D, Sechi E, et al. Neural antibody testing in patients with suspected atoimmune encephalitis. Clin Chem. 2020;66(12):1496-1509.

Related Information

ARUP Autoimmune Neurology Panel Components

Autoimmune Neurologic Diseases - Antineural Antibody Testing

ARUP Laboratories is a nonprofit enterprise of the University of Utah and its Department of Pathology. 500 Chipeta Way, Salt Lake City, UT 84108 (800) 522-2787 | (801) 583-2787 | aruplab.com | arupconsult.com

© 2024 ARUP Laboratories. All Rights Reserved.

Client Services - (800) 522-2787