Test Definition: MYCOG

Mycoplasma pneumoniae Antibodies, IgG, Serum (Non-Orderable)

Overview

Useful For

Only orderable as part of a profile. For more information see MYCO / *Mycoplasma pneumoniae* Antibodies, IgG and IgM, Serum.

Screening for IgG antibodies in the indication of recent or past exposure to *Mycoplasma pneumoniae*

Method Name

Only orderable as part of a profile. For more information see MYCO / *Mycoplasma pneumoniae* Antibodies, IgG and IgM, Serum.

Enzyme Immunoassay (EIA)

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Only orderable as part of a profile. For more information see MYCO / *Mycoplasma pneumoniae* Antibodies, IgG and IgM, Serum.

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 1 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume

0.5 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject
Heat	Reject

inactivated specimen	

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Clinical & Interpretive

Clinical Information

Mycoplasma pneumoniae is a small bacterium transmitted via organism-containing droplets. It is a cause of upper respiratory infection, pharyngitis, and tracheobronchitis, particularly in children, and has been associated with approximately 20% of cases of community acquired pneumonia. Central nervous system and cardiac manifestations are probably the most frequent extrapulmonary complications of infections due to *M pneumoniae*. The disease is usually self-limited, although severe disease has been reported in immunocompromised patients.

Identification of *M pneumoniae* by culture-based methods is time consuming and insensitive. Serology-based assays for *M pneumoniae* have several drawbacks. The development of IgM antibodies takes approximately 1 week, and the IgM response may be variable in adults or decreased in immunosuppressed individuals. Confirmation of the disease is dependent on the observation of a 4-fold rise in IgG antibody titers between acute and convalescent specimens, several weeks following the initial onset of illness, providing clinical utility only for retrospective testing. Real-time polymerase chain reaction analysis offers a rapid and sensitive option for detection of *M pneumoniae* DNA from clinical specimens allows for diagnosis of acute or current infection.

Reference Values

Only orderable as part of a profile. For more information see MYCO / *Mycoplasma pneumoniae* Antibodies, IgG and IgM, Serum.

Negative

Interpretation

IgG ELISA result	IgM ELISA result	Interpretation
Positive	Negative	Results suggest past exposure.
Positive	Reactive	Prior exposure to *Mycoplasma pneumoniae* detected. Confirmatory testing for IgM to *M pneumonia* will be performed by an immunofluorescence assay.
	Equivocal	
Negative	Negative	No antibodies to *M pneumoniae* detected. Acute infection cannot be ruled out as antibody levels may be below the limit of detection. If clinically indicated, a second serum should be submitted in 14 to 21 days.
Negative	Reactive	No prior exposure to *Mycoplasma pneumoniae.*

	Equivocal	Confirmatory testing for IgM to *M pneumonia* will be performed by an immunofluorescence assay.
Equivocal	Negative	Recommend follow-up testing in 10 to 14 days if clinically indicated.
	Reactive	Confirmatory testing for IgM to *M pneumonia* will be performed by an immunofluorescence assay.
	Equivocal	

ELISA = Enzyme-linked immunosorbent assay

Cautions

A diagnosis of *Mycoplasma pneumoniae* infection should not be solely based on results of serologic testing for this agent. Test results should be interpreted in conjunction with clinical evaluation and the results of other diagnostic procedures (eg, molecular detection).

The continued presence or absence of antibodies cannot be used to determine the success or failure of therapy.

Testing should not be performed as a screening procedure for the general population. Testing should only be done when clinical evidence suggests the diagnosis of *M pneumoniae*-associated disease.

The performance of this test has not been established on neonates and immunocompromised patients.

Performance of the IgM assay has not been tested with specimens known to be positive for antibodies to organisms that are known to be associated with lower respiratory illness (ie, influenza A and B, cytomegalovirus, *Chlamydophila pneumoniae*, parainfluenza), and closely related serovars known to cross-react with *M pneumoniae*, such as *M genitalium* and *M hominis*, as well as various *Ureaplasma* species. Cross-reactivity studies with such organisms have not been performed with this assay.

The IgG removal system included with the IgM test system has been shown to functionally remove the IgG from specimens containing total IgG levels ranging from 300 to 600 mg/mL. The effectiveness of this removal system at IgG levels exceeding 600 mg/mL has not been established.

Clinical Reference

1. Smith T. *Mycoplasma pneumoniae* infections: diagnosis based on immunofluorescence titer of IgG and IgM antibodies. Mayo Clin Proc. 1986;61(10):830-831
2. Holzman RS, Simberkoff MS, Leaf HL. *Mycoplasma pneumoniae* and atypical pneumonia. In: Bennett JE, Dolin R, Blaser MJ, eds. Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. 9th ed. Elsevier; 2020:2332-2339

Performance

Method Description

Diluted sera are incubated in antigen-coated microwells. Any antigen-specific antibody in the samples will bind to the immobilized antigen. The plate is washed to remove unbound antibody and other serum components.

Peroxidase-conjugated goat-antihuman IgG is added to the wells and incubated. The conjugate will react with the IgG antibody/antigen on the solid phase. The wells are washed to remove unreacted conjugate. The microwells containing immobilized conjugate are incubated with peroxidase substrate solution. Hydrolysis of the substrate by peroxidase produces a color change. After a period of time the reaction is stopped by the addition of diluted acid, and the color changes are measured photometrically. The color intensity of the solution depends on the antibody concentration in the serum sample.(Package insert: *M pneumoniae* IgG Test System. Zeus Scientific Inc; Revision Date 12/2017)

PDF Report
No

Day(s) Performed
Monday through Friday

Report Available
Same day/1 to 3 days

Specimen Retention Time
14 days

Performing Laboratory Location
Mayo Clinic Laboratories - Rochester Superior Drive

Fees & Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification
This test has been modified from the manufacturer's instructions. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information
86738

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
MYCOG	M. pneumoniae Ab, IgG, S	45224-3

Result ID	Test Result Name	Result LOINC® Value
MYCOG	M. pneumoniae Ab, IgG, S	45224-3