

## Overview

### Useful For

Evaluating patients with suspected stiff-person syndrome (classical or focal forms, such as stiff-limb or stiff-trunk) and progressive encephalomyelitis with rigidity and myoclonus using spinal fluid specimens

### Profile Information

Test Id	Reporting Name	Available Separately	Always Performed
SPPCI	Stiff-Person/PERM Interp, CSF	No	Yes
AMPHC	Amphiphysin Ab, CSF	No	Yes
DPPCC	DPPX Ab CBA, CSF	No	Yes
GD65C	GAD65 Ab Assay, CSF	Yes	Yes
GLYCC	Glycine Alpha1 LCBA, CSF	Yes	Yes

### Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
AMIBC	Amphiphysin Immunoblot, CSF	No	No
DPPTC	DPPX Ab IFA Titer, CSF	No	No
APHTC	Amphiphysin Ab Titer, CSF	No	No

### Testing Algorithm

If the indirect immunofluorescence assay (IFA) pattern suggests amphiphysin antibody, then amphiphysin immunoblot and amphiphysin IFA titer will be performed at an additional charge.

If the dipeptidyl-peptidase-like protein-6 (DPPX) cell bound assay is positive, then DPPX antibody IFA titer will be performed at an additional charge.

### Method Name

AMPHC, APHTC, DPPTC: Indirect Immunofluorescence Assay (IFA)

AMIBC: Immunoblot (IB)

DPPCC: Cell-Binding Assay (CBA)

GD65C: Radioimmunoassay (RIA)

GLYCC: Live Cell-Binding Assay (LCBA)

### NY State Available

Yes

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**Specimen****Specimen Type**

CSF

**Ordering Guidance**

This test should not be requested for patients who have recently received radioisotopes, therapeutically or diagnostically, because of potential assay interference. The specific waiting period before specimen collection will depend on the isotope administered, the dose given, and the clearance rate in the individual patient. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received in the laboratory will be held 1 week and assayed if sufficiently decayed or canceled if radioactivity remains.

**Necessary Information**

Provide the following information:

- Relevant clinical information
- Ordering provider name, phone number, mailing address, and e-mail address

**Specimen Required****Container/Tube:** Sterile vial**Preferred:** Vial number 1**Acceptable:** Any vial**Specimen Volume:** 4 mL**Forms**

If not ordering electronically, complete, print, and send a [Neurology Specialty Testing Client Test Request](#) (T732) with the specimen.

**Specimen Minimum Volume**

2 mL

**Reject Due To**

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	Reject

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
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CSF	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

## Clinical & Interpretive

### Clinical Information

Stiff-person spectrum disorders include classical stiff-person syndrome, focal stiff-person forms (stiff-limb and stiff-trunk), and a severe encephalomyelitic form known as [progressive encephalomyelitis with rigidity and myoclonus](#) (PERM). Paraneoplastic and idiopathic autoimmune causes may be differentiated by a neuronal IgG antibody profile. The unifying clinical and electrophysiologic characteristic is central nervous system hyperexcitability. Clinical manifestations include stiffness, spasms, heightened startle responses, and falls. For the classical stiff-person form, the low back and lower extremities are principally affected. The stiff-limb phenotype may affect one or more limbs without truncal involvement. Truncal manifestations include low back spasms and deformity, with sudden chest wall spasms and breathing difficulties. In addition, patients with PERM have encephalopathy (often with seizures), myoclonus (muscle jerking), and dysautonomia. The most common IgG biomarker detected in stiff-person spectrum is glutamic acid decarboxylase 65 (GAD65) antibody. These patients generally have a classical or limited stiff-person form, almost always have antibody values above 20.0 nmol/L, have accompanying non-neurological autoimmune disease in 50% (type 1 diabetes and thyroid disease being most common), and almost always without accompanying cancer. Amphiphysin-IgG positivity is most frequently encountered in patients with occult breast adenocarcinoma presenting with limb stiffness and spasms; neurogenic changes are usually detectable on clinical exam and electromyography. Glycine receptor (GlyR [alpha1 1 subunit]) autoimmunity patients present more commonly with PERM or stiff-limb phenotype rather than the classical stiff-person form. Associated neoplasms in GlyR antibody positive patients include thymoma, but a general search for age- and sex-pertinent cancers should also be undertaken. Dipeptidyl-peptidase-like protein-6 (DPPX) antibody is associated with diverse central and autonomic presentations, including PERM. B-cell blood dyscrasias should be tested for in DPPX-IgG positive cases. All stiff-person spectrum patients, both seropositive and seronegative, may be immune therapy responsive. GlyR-IgG may be predictive of immune therapy response, including in patients with coexisting GAD65 antibody.

### Reference Values

Test ID	Reporting Name	Methodology*	Reference Value
SPPCI	Stiff-Person/PERM Interp, CSF	Medical interpretation	N/A
AMPHC	Amphiphysin Ab, CSF	IFA	Negative
DPPCC	DPPX Ab CBA, CSF	CBA	Negative
GD65C	GAD65 Ab Assay, CSF	RIA	< or =0.02 nmol/L
GLYCC	Glycine Alpha1 LCBA, CSF	LCBA	Negative

#### Reflex information

Test ID	Reporting Name	Methodology	Reference Value
AMIBC	Amphiphysin Immunoblot, CSF	IB	Negative
APHTC	Amphiphysin Ab Titer, CSF	IFA	<1:2

DPPTC	DPPX Ab IFA Titer, CSF	IFA	<1:2
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**\*Methodology abbreviations:**

Immunofluorescence assay (IFA)

Cell-binding assay (CBA)

Radioimmunoassay (RIA)

Live Cell-Binding Assay (LCBA)

Immunoblot (IB)

Neuron-restricted patterns of IgG staining that do not fulfill criteria for amphiphysin antibody may be reported as "unclassified antineuronal IgG." Complex patterns that include nonneuronal elements may be reported as "uninterpretable."

**Interpretation**

[Spinal fluid antibody positivity supports the clinical diagnosis of stiff-person spectrum disorder](#) (classical stiff-person, stiff-limb, stiff-trunk, or progressive encephalomyelitis with rigidity and myoclonus). A paraneoplastic basis should be considered.

**Cautions**

Negative results do not exclude the diagnosis of stiff-person spectrum disorder or progressive encephalomyelitis with rigidity and myoclonus (PERM). Glutamic acid decarboxylase 65 (GAD65) antibody positive values below 20 nmol/L should be interpreted with caution. Lower values are encountered in 8% of the general population. However, GAD65 autoimmunity (any antibody value) is associated with other autoimmune diseases that can cause neurological symptoms, including type 1 diabetes, pernicious anemia, hypothyroidism, and adrenal insufficiency.

**Clinical Reference**

1. Hinson SR, Lopez-Chiriboga AS, Bower JH, et al: Glycine receptor modulating antibody predicting treatable stiff-person spectrum disorders. *Neurol Neuroimmunol Neuroinflamm*. 2018 Jan;5:e438
2. Hutchinson M, Waters P, McHugh J, et al: Progressive encephalomyelitis, rigidity, and myoclonus: a novel glycine receptor antibody. *Neurology*. 2008 Oct;71(16):1291-1292
3. Martinez-Hernandez E, Arino H, McKeon A, et al: Clinical and immunologic investigations in patients with stiff-person spectrum disorder. *JAMA Neurol*. 2016 Jun;73(6):714-720
4. McKeon A, Martinez-Hernandez E, Lancaster E, et al: Glycine receptor autoimmune spectrum with stiff-man syndrome phenotype. *JAMA Neurol*. 2013 Jan;70(1):44-50
5. McKeon A, Robinson MT, McEvoy KM, et al: Stiff-man syndrome and variants: clinical course, treatments, and outcomes. *Arch Neurol*. 2012 Feb;69(2):230-238
6. Pittock SJ, Lucchinetti CF, Parisi JE, et al: Amphiphysin autoimmunity: paraneoplastic accompaniments. *Ann Neurol*. 2005 Jun;58(1):96-107
7. Pittock SJ, Yoshikawa H, Ahlskog JE, et al: Glutamic acid decarboxylase autoimmunity with brainstem, extrapyramidal, and spinal cord dysfunction. *Mayo Clin Proc*. 2006 Sep;81(9):1207-1214
8. Tobin WO, Lennon VA, Komorowski L, et al: DPPX potassium channel antibody: frequency, clinical accompaniments, and outcomes in 20 patients. *Neurology*. 2014 Nov;83(20):1797-1803
9. Walikonis JE, Lennon VA: Radioimmunoassay for glutamic acid decarboxylase (GAD65) autoantibodies as a diagnostic

Stiff-Person Spectrum Disorders Evaluation,  
including Progressive Encephalomyelitis with  
Rigidity and Myoclonus, Spinal Fluid

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aid for stiff-man syndrome and a correlate of susceptibility to type 1 diabetes mellitus. Mayo Clin Proc. 1998  
Dec;73(12):1161-1166

## Performance

### Method Description

#### Cell-Binding Assay:

Patient specimen is applied to a composite slide containing transfected and nontransfected HEK-293 cells. After incubation and washing, fluorescein-conjugated goat-antihuman IgG is applied to detect the presence of patient IgG binding. (Package insert: IIFT: Neurology Mosaics, Instructions for the indirect immunofluorescence test. EUROIMMUN; FA\_112d-1\_A\_UK\_C13, 02/2019)

#### Indirect Immunofluorescence Assay:

The patient's sample is tested by a standardized immunofluorescence assay that uses a composite frozen section of mouse cerebellum, kidney, and gut tissues. After incubation with sample and washing, fluorescein-conjugated goat-antihuman IgG is applied. Neuron-specific autoantibodies are identified by their characteristic fluorescence staining patterns. Samples that are scored positive for any neuronal nuclear or cytoplasmic autoantibody are titrated to an endpoint. Interference by coexisting non-neuron-specific autoantibodies can usually be eliminated by serologic absorption. (Honorat JA, Komorowski L, Josephs KA, et al: IgLON5 antibody: neurological accompaniments and outcomes in 20 patients. *Neurol Neuroimmunol Neuroinflamm*. 2017 Jul 18;4[5]:e385. doi: 10.1212/NXI.0000000000000385)

#### Live Cell-Binding Assay:

This assay utilizes the T-REx System (Thermo Fisher). Expression of the glycine receptor alpha-1-subunit is repressed in the absence of tetracycline or doxycycline and induced in the presence of tetracycline or doxycycline. HEK293 cells stably expressing the tetracycline repressor and stably transfected with a plasmid encoding the alpha-1-subunit of the glycine receptor, under control of doxycycline, are grown in wells of a chamber slide. Twenty-four hours prior to the assay, the wells on the bottom half of the slide are treated with culture media, including doxycycline. After 24 hours, patient sample will be added to the living HEK293 cells held on ice. Bound IgG will be detected using a fluorophore conjugated anti-human IgG secondary antibody. Patient samples with IgG-specific antibodies for the glycine receptor will be positive on doxycycline-treated cells and negative on cells not treated with doxycycline. (Unpublished Mayo method)

#### Radioimmunoassay:

Duplicate aliquots of patient specimen are incubated with I(125)-labeled antigen. Immune complexes, formed by adding secondary (goat)-antihuman immunoglobulin, are pelleted by centrifugation and washed. Gamma emission from the washed pellet is counted, and mean counts per minute (cpm) are compared with results yielded by high-positive and -negative control sera. Specimens yielding cpm higher than the background cpm yielded by normal human specimen are retested to confirm positivity and titrated as necessary to obtain a value in the linear range of the assay. The antigen binding capacity (nmol per liter) is calculated from the cpm precipitated at a dilution yielding a linear range value. (Griesmann GE, Kryzer TJ, Lennon VA: Autoantibody profiles of myasthenia gravis and Lambert-Eaton myasthenic syndrome. In: Rose NR, Hamilton RG, et al eds. *Manual of Clinical and Laboratory Immunology*. 6th ed. ASM Press; 2002:1005-1012; Walikonis JE, Lennon VA: Radioimmunoassay for glutamic acid decarboxylase [GAD65] autoantibodies

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as a diagnostic aid for stiff-man syndrome and a correlate of susceptibility to type 1 diabetes mellitus. Mayo Clin Proc. 1998 Dec;73[12]:1161-1166; Jones AL, Flanagan EP, Pittock SJ, et al: Responses to and outcomes of treatment of autoimmune cerebellar ataxia in adults. JAMA Neurol. 2015 Nov;72[11]:1304-1312. doi: 10.1001/jamaneurol.2015.2378)

**Immunoblot:**

All steps are performed at ambient temperature (18-28 degrees C) utilizing the EUROBlot One instrument. Diluted patient specimen (1:12.5) is added to test strips (strips containing recombinant antigen manufactured and purified using biochemical methods) in individual channels and incubated for 30 minutes. Positive specimens will bind to the purified recombinant antigen, and negative specimens will not bind. Strips are washed to remove unbound antibodies and then incubated with anti-human IgG antibodies (alkaline phosphatase-labeled) for 30 minutes. The strips are again washed to remove unbound anti-human IgG antibodies, and nitroblue tetrazolium chloride/5-bromo-4-chloro-3-indolylphosphate (NBT/BCIP) substrate is added. Alkaline phosphatase enzyme converts the soluble substrate into a colored insoluble product on the membrane to produce a black band. Strips are digitized via picture capture on the EUROBlot One instrument and evaluated with the EUROLineScan software.(O'Connor K, Waters P, Komorowski L, et al: GABAA receptor autoimmunity: A multicenter experience. Neurol Neuroimmunol Neuroinflamm. 2019 Apr 4;6[3]:e552. doi: 10.1212/NXI.0000000000000552)

**PDF Report**

No

**Day(s) Performed**

Profile tests: Monday through Sunday; Reflex tests: Varies

**Report Available**

5 to 10 days

**Specimen Retention Time**

28 days

**Performing Laboratory Location**

Rochester

**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 was developed, and its performance characteristics 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.

Stiff-Person Spectrum Disorders Evaluation,  
including Progressive Encephalomyelitis with  
Rigidity and Myoclonus, Spinal Fluid

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**CPT Code Information**

86255 x 3

86341

84182-AMIBC (if appropriate)

86256 APHTC (if appropriate)

86256-DPPTC (if appropriate)

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
SPPC	Stiff-Person/PERM Eval, CSF	94712-7

Result ID	Test Result Name	Result LOINC® Value
5906	Amphiphysin Ab, CSF	94354-8
21702	GAD65 Ab Assay, CSF	94359-7
64934	DPPX Ab CBA, CSF	94283-9
606973	Glycine Alpha1 LCBA, CSF	96497-3
614602	Stiff-Person/PERM Interp, CSF	69048-7
618909	IFA Notes	48767-8