

Overview**Useful For**

Preferred screening test for patients suspected to have an autoimmune blistering disorder of the skin or mucous membranes (pemphigus)

Aiding in the diagnosis of pemphigus

Method Name

Enzyme-Linked Immunosorbent Assay (ELISA)

NY State Available

Yes

Specimen**Specimen Type**

Serum

Specimen Required**Container/Tube:**

Preferred: Red top

Acceptable: Serum gel

Specimen Volume: 1 mL

Specimen Minimum Volume

0.5 mL

Reject Due To

Gross hemolysis	OK
Gross lipemia	OK
Gross icterus	OK

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	30 days	
	Ambient	14 days	

Clinical and Interpretive

Clinical Information

Pemphigus includes a group of often fatal autoimmune blistering diseases characterized by intraepithelial lesions. Pemphigus vulgaris and its variants may present with oral or mucosal lesions alone or with mucosal plus skin lesions. Pemphigus foliaceus and variants present with skin lesions alone.

Indirect immunofluorescence (IIF) studies reveal that both forms of pemphigus are caused by autoantibodies to cell surface antigens of stratified epithelia or mucous membranes and skin. These antibodies bind to calcium-dependent adhesion molecules in cell surface desmosomes, notably desmoglein 1 (DSG1) in pemphigus foliaceus and desmoglein 3 (DSG3) and/or DSG1 in pemphigus vulgaris. Desmogleins are protein substances located in and on the surface of keratinocytes. These proteins have been shown to be a critical factor in cell-to-cell adhesion. Antibodies to desmogleins can result in loss of cell adhesion, the primary cause of blister formation in pemphigus.

The diagnosis of pemphigus depends on biopsy and serum studies that characterize lesions and detect the autoantibodies that cause them. Originally, the serum studies were performed by IIF using monkey esophagus and other tissue substrates. The identification of the reactive antigens as DSG1 and DSG3 has made it possible to develop highly specific and sensitive enzyme-linked immunosorbent assay methods.

Reference Values**DESMOGLEIN 1**

<20 RU/mL (negative)

> or =20 RU/mL (positive)

DESMOGLEIN 3

<20 RU/mL (negative)

> or =20 RU/mL (positive)

Interpretation

Antibodies to desmoglein 1 (DSG1) and desmoglein 3 (DSG3) have been shown to be present in patients with pemphigus. Many patients with pemphigus foliaceus, a superficial form of pemphigus have antibodies to DSG1. Patients with pemphigus vulgaris, a deeper form of pemphigus, have antibodies to DSG3 and sometimes DSG1 as well.

Antibody titer correlates in a semiquantitative manner with disease activity in many patients. Patients with severe disease can usually be expected to have high titers of antibodies to DSG. Titers are expected to decrease with clinical improvement.

Our experience demonstrates a very good correlation between DSG1 and DSG3 results and the presence of pemphigus. Adequate sensitivities and specificity for disease are documented. However, in those patients strongly suspected to have pemphigus either by clinical findings or by routine biopsy, and in whom the DSG assay is negative, the indirect immunofluorescence (CIFS / Cutaneous Immunofluorescence Antibodies [IgG], Serum) is recommended.

Cautions

Recommend repeat testing of indeterminate specimens, either with a fresh specimen drawn at a later time or the original specimen tested by another method.

The desmoglein 1 (DSG1) and desmoglein 3 (DSG3) results serve only as an aid to diagnosis and should not be

interpreted as diagnostic by themselves. The results should be interpreted in conjunction with clinical evaluation of the patient along with other diagnostic procedures.

Performance of these assays in the pediatric population has not been established.

The assay performance characteristics have not been established for matrices other than serum.

A positive result indicates the presence of antibodies to recombinant DSG1 and DSG3 and does not specifically identify a certain type of pemphigus.

A negative result does not rule out the presence of pemphigus.

Clinical Reference

1. Amagai M, Tsunoda K, Zillikens D, et al: The clinical phenotype of pemphigus is defined by the anti-desmoglein autoantibody profile. *J Am Dermatol* 1999 Feb;40(2 Pt 1):167-170
2. Amagai M, Komai A, Hashimoto T, et al: Usefulness of enzyme linked immunoabsorbent assay using recombinant desmogleins 1 and 3 for sero-diagnosis of pemphigus. *Brit J Dermatol* 1999 Feb;140(2):351-357
3. Harman KE, Gratin MJ, Bhogal SJ, et al: The clinical significance of autoantibodies to desmoglein 1 in 78 cases of pemphigus vulgaris. *J Invest Derm* 1999;115:568
4. Harman KE, Gratian MJ, Seed PT, et al: Diagnosis of pemphigus by ELISA: a critical evaluation of two ELISAs for the detection of antibodies to the major pemphigus antigens, desmoglein 1 and 3. *Clin Exp Dermatol* 2000;25(3):236-240
5. Prussmann W, Prussmann J, Koga H, et al: Prevalence of pemphigus and pemphigoid autoantibodies in the general population. *Orphanet J Rare Dis* 2015;10:63
6. Toosi S, Collins JW, Lohse CM, et al: Clinicopathologic features of IgG/IgA pemphigus in comparison with classic (IgG) and IgA pemphigus. *Int J Dermatol* 2016;55:e184-190

Performance

Method Description

This enzyme-linked immunosorbent assay (ELISA) method detects and measures serum levels of antibodies of certain pemphigus diseases. Calibrators and patient sera are added to microwells coated with desmoglein 1 (DSG1) and desmoglein 3 (DSG3) antigens, allowing antibodies to react with the immobilized antigens. After washing to remove any unbound serum proteins, horseradish peroxidase-conjugated IgG is added and incubated. Following another wash step, the peroxidase substrate is added and allowed to incubate for an additional period. Stop solution is then added to each well to cancel the enzyme reaction and to stabilize the color development. The assay can be quantified by measuring the reaction photometrically and plotting the results. The amount of antigen specific bound antibody is proportional to the color intensity. (Package inserts: Anti-Desmoglein 1 ELISA (IgG), Form EA_1495G_A_US_D03.doc, Version: 7/7/11; Anti-Desmoglein 3 ELISA (IgG), Form EA_1496G_A_US_D03.doc, Version: 7/7/11)

PDF Report

No

Day(s) Performed

Varies

Report Available

1 to 10 days

Performing Laboratory Location

Rochester

Fees and 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 Regional Manager. 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

83516 x 2

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
DSGAB	Desmoglein 1 and 3, Serum	94335-7

Result ID	Test Result Name	Result LOINC Value
606818	DSG 1	94336-5
606819	DSG 3	94337-3