Overview

Useful For
Evaluating patients suspected of having immune-mediated vasculitis, especially microscopic polyangiitis (MPA), when used in conjunction with other autoantibody tests (see Cautions)

May be useful to follow treatment response or to monitor disease activity in patients with MPA

Method Name
MultiplexFlowImmunoassay

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 0.5 mL

Forms
If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) with the specimen.

Specimen Minimum Volume
0.35 mL

Reject Due To

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Gross hemolysis</td>
<td>Reject</td>
</tr>
<tr>
<td>Gross lipemia</td>
<td>Reject</td>
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<tr>
<td>Gross icterus</td>
<td>OK</td>
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Specimen Stability Information

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<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td>Serum</td>
<td>Refrigerated (preferred)</td>
<td>21 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>21 days</td>
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Clinical and Interpretive

Clinical Information

Myeloperoxidase (MPO) enzyme is found in neutrophil primary granules and monocyte lysosomes. MPO catalyzes the conversion of hydrogen peroxide to hypochlorite and hypochlorous acid. MPO is encoded by a single gene that undergoes posttranslational modification to produce the active enzyme found in leukocytes.

Autoantibodies to MPO (MPO antineutrophil cytoplasmic antibodies: ANCA) occur in several diseases and may be involved in the pathogenesis of vascular inflammation in patients with microscopic polyangiitis (MPA).(1,2) Patients with MPA often develop MPO ANCA and may present with azotemia secondary to glomerulonephritis (pauci-immune necrotizing glomerulonephritis). MPO ANCA are not specific for MPA, and also may be detected in patients with systemic lupus erythematosus with or without lupus nephritis, Goodpasture syndrome and Churg-Strauss syndrome. Lupus nephritis and Goodpasture syndrome, as well as Wegener granulomatosis may present with azotemia and progressive renal failure. It is not possible to distinguish among these diseases on the basis of clinical signs and symptoms; autoantibody testing may be helpful.

Reference Values

<0.4 U (negative)

0.4-0.9 U (equivocal)

> or =1.0 U (positive)

Reference values apply to all ages.

Interpretation

A positive result has a high predictive value for microscopic polyangiitis (MPA) in patients with negative test results for systemic lupus erythematosus (antinuclear antibodies) and Goodpasture syndrome (glomerular basement membrane antibody). A negative result significantly diminishes the likelihood that a patient has MPA.(3)

While myeloperoxidase levels often decline following successful treatment of MPA, specific guidelines for this clinical purpose are not available.

Cautions

Since it is not possible to distinguish between microscopic polyangiitis (MPA) and other causes of progressive renal failure or systemic illness (eg, Wegener granulomatosis, lupus nephritis, Goodpasture syndrome), this test should be employed in conjunction with other diagnostic tests in the initial evaluation of such patients. The recommended test in this setting is VASC / Antineutrophil Cytoplasmic Antibodies Vasculitis Panel, Serum, which includes myeloperoxidase (MPO) antibodies, proteinase 3 (PR3) antibodies and, if indicated, antineutrophil cytoplasmic antibodies (ANCA). The test for ANCA identifies 2 types of antibodies-cytoplasmic (cANCA), which are specific for PR3 and perinuclear (pANCA), which are specific for MPO.

The presence of MPO is quite specific for MPA (diagnostic specificity approaches 95%); but, it is recommended that positive results obtained by EIA be confirmed by another testing method. This is best accomplished by testing for pANCA, which confirms the positive MPO result and increases the diagnostic specificity for MPA to 97%.(3) Nevertheless, positive results for MPO have been reported in patients with systemic lupus erythematosus, Goodpasture syndrome, and Churg-Strauss syndrome. Therefore, clinicians must rule out these diagnoses to maximize the specificity and positive predictive value of the MPO test result.

While sequential measurements of MPO may be used to follow treatment response or to monitor disease activity in
patients with MPA, results should not be exclusively relied upon to assess response to treatment or disease activity.

**Clinical Reference**


**Performance**

**Method Description**

Myeloperoxidase (MPO) antigen is covalently coupled to polystyrene microspheres that are impregnated with fluorescent dyes to create a unique fluorescent signature. MPO antibodies, if present in diluted serum, bind to the MPO antigen on the microspheres. The microspheres are washed to remove extraneous serum proteins. Phycoerythrin (PE)-conjugated antihuman IgG antibody is then added to detect IgG anti-MPO bound to the microspheres. The microspheres are washed to remove unbound conjugate, and bound conjugate is detected by laser photometry. A primary laser reveals the fluorescent signature of each microsphere to distinguish it from microspheres that are labeled with other antigens. A secondary laser reveals the level of PE fluorescence associated with each microsphere. Results are calculated by comparing the median fluorescence response for MPO microspheres to a 4-point calibration curve. (Package insert: Bio-Plex 2200 Vasculitis. Bio-Rad Laboratories, Hercules, CA 2012)

**PDF Report**

No

**Day(s) and Time(s) Test Performed**

Monday through Saturday; 4 p.m.

**Analytic Time**

1 day

**Maximum Laboratory Time**

4 days

**Specimen Retention Time**

14 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.
Test Definition: MPO
Myeloperoxidase Ab, S

- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
This test has been cleared or approved by the U.S. Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information
83516

LOINC® Information

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<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<tbody>
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<td>MPO</td>
<td>Myeloperoxidase Ab, S</td>
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<table>
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