

Cutaneous Immunofluorescence Antibodies, IgA, Serum

## Overview

#### **Useful For**

Confirming the presence of IgA antibodies to diagnose pemphigoid, pemphigus, epidermolysis bullosa acquisita, or bullous lupus erythematosus

### **Method Name**

Indirect Immunofluorescence Assay (IFA)

#### **NY State Available**

Yes

# **Specimen**

## **Specimen Type**

Serum

## **Specimen Required**

**Collection Container/Tube:** 

**Preferred:** Serum gel **Acceptable:** Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

## **Specimen Minimum Volume**

0.5 mL

## **Reject Due To**

| Gross         | OK     |
|---------------|--------|
| hemolysis     |        |
| Gross lipemia | Reject |
| Gross icterus | OK     |

# **Specimen Stability Information**

| Specimen Type | Temperature              | Time    | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum         | Refrigerated (preferred) | 14 days |                   |
|               | Ambient                  | 14 days |                   |



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| Frozen | 30 days |  |
|--------|---------|--|

## Clinical & Interpretive

#### **Clinical Information**

Immunoglobulin A anti-basement membrane zone (BMZ) antibodies are produced by patients with pemphigoid. In most patients with bullous pemphigoid, serum contains IgA anti-BMZ antibodies, while in cicatricial pemphigoid circulating IgA anti-BMZ antibodies are found in a minority of cases. Sensitivity of detection of anti-BMZ antibodies is increased when serum is tested using sodium chloride-split primate skin as substrate.

Circulating IgA anti-BMZ antibodies are also detected in patients with epidermolysis bullosa acquisita and bullous eruption of lupus erythematosus.

IgA anti-cell surface (CS) antibodies are produced by patients with pemphigus. The titer of anti-CS antibodies generally correlates with disease activity of pemphigus.

#### **Reference Values**

Report includes presence and titer of circulating antibodies. If serum contains basement membrane zone antibodies on split-skin substrate, patterns will be reported as:

- 1) Epidermal pattern, consistent with pemphigoid
- 2) Dermal pattern, consistent with epidermolysis bullosa acquisita

Negative in normal individuals

#### Interpretation

Indirect immunofluorescence (IF) testing may be diagnostic when histologic or direct IF studies are only suggestive, nonspecific, or negative.

Anti-cell surface antibodies correlate with a diagnosis of pemphigus.

Anti-basement membrane zone (BMZ) antibodies correlate with a diagnosis of bullous pemphigoid, cicatricial pemphigoid, epidermolysis bullosa acquisita (EBA), or bullous eruption of lupus erythematosus (LE).

If serum contains anti-BMZ antibodies, the pattern of fluorescence on sodium chloride (NaCl)-split skin substrate helps distinguish pemphigoid from EBA and bullous LE. Staining of the roof (epidermal side) or both epidermal and dermal sides of NaCl-split skin correlates with the diagnosis of pemphigoid, while fluorescence localized only to the dermal side of the split-skin substrate correlates with either EBA or bullous LE.

## **Cautions**

Results should be interpreted in conjunction with clinical information, histologic pattern, and results of direct immunofluorescence (IF) study. In particular, the finding of low titer (< or =1:80) anti-CS antibodies should not be used alone (ie, without histologic or direct IF support) to confirm a diagnosis of pemphigus.

### **Clinical Reference**



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- 1. Caux F, Kirtschig G, Lemarchand-Venencie F, et al. IgA-epidermolysis bullosa acquisita in a child resulting in blindness. Br J Dermatol. 1997;137(2):270-275
- 2. Chorzelski TP, Jablonska S. IgA linear dermatosis of childhood (chronic bullous disease of childhood). Br J Dermatol. 1979;101(5):535-542
- 3. Guide SV, Marinkovich MP. Linear IgA bullous dermatosis. Clin Dermatol. 2001;19(6):719-727
- 4. Hashimoto T, Ebihara T, Nishikawa T. Studies of autoantigens recognized by IgA anti-keratinocyte cell surface antibodies. J Dermatol Sci. 1996;12(1):10-17
- 5. Lally A, Chamberlain A, Allen J, Dean D, Wojnarowska F. Dermal-binding linear IgA disease: an uncommon subset of a rare immunobullous disease. Clin Exp Dermatol. 2007;32(5):493-498
- 6. Tsuruta D, Ishii N, Hamada T, et al. IgA pemphigus. Clin Dermatol. 2011;29(4):437-442
- 7. Vodegel RM, de Jong MCJM, Pas HH, Jonkman MF. IgA-mediated epidermolysis bullosa acquisita: two cases and review of the literature. J Am Acad Dermatol. 2002;47(6):919-925
- 8. Willsteed E, Bhogal BS, Black MM, McKee P, Wojnarowska F. Use of 1M NaCl split skin in the indirect immunofluorescence of the linear IgA bullous dermatoses. J Cutan Pathol. 1990;17(3):144-148
- 9. Wilson BD, Beutner EH, Kumar V, Chorzelski TP, Jablonska S. Linear IgA bullous dermatosis. An immunologically defined disease. Int J Dermatol. 1985;24(9):569-574
- 10. Wojnarowska F, Collier PM, Allen J, Millard PR. The localization of the target antigens and antibodies in linear IgA disease is heterogeneous, and dependent on the methods used. Br J Dermatol. 1995;132(5):750-757
- 11. Tirumalae R, Kalegowda IY. Role of BIOCHIP indirect immunofluorescence test in cutaneous vesiculobullous diseases. Am J Dermatopathol. 2020;42(5):322-328

### **Performance**

## **Method Description**

Frozen sections of primate esophagus and sodium chloride-split primate skin are overlaid with dilutions of patient's serum, incubated, covered with fluorescein-conjugated IgA antiserum, and interpreted with a fluorescence microscope. (Unpublished Mayo method)

#### PDF Report

No

## Day(s) Performed

Monday through Friday

#### Report Available

2 to 7 days

#### **Specimen Retention Time**

30 days

## **Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Main Campus



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## **Fees & Codes**

#### **Fees**

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

#### **Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

### **CPT Code Information**

88346

### **LOINC®** Information

| Test ID | Test Order Name                 | Order LOINC® Value |
|---------|---------------------------------|--------------------|
| CIFA    | Cutaneous Immfluor. Ab (IgA), S | 104828-9           |

| Result ID | Test Result Name       | Result LOINC® Value |
|-----------|------------------------|---------------------|
| 610628    | Cell Surface Ab IgA    | 104829-7            |
| 610629    | Basement Membrane IgA  | 104830-5            |
| 610630    | Primate Esophagus IgA  | 104833-9            |
| 610631    | Primate Split Skin IgA | 104834-7            |
| 610632    | Other                  | 48767-8             |