SydPath
ST VINCENT'S PATHOLOGY

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AUTOANTIBODIES INFORMATION SHEET

TEST	INDICATION	INTERPRETATION
ANTINUCLEAR ANTIBODY	• Suspected connective tissue disease or any inflammatory disease	• Speckled - Suggestive of a CTD • Homogeneous - Suggestive of SLE, RA or drug • Rim - Suggestive of SLE • Centromere - Suggestive of Scleroderma • Nucleolar - Suggestive of Sjogren's syndrome or Scleroderma In adults, titres <1:160 are less likely to be clinically significant
dsDNA ANTIBODY	• SLE diagnosis and monitoring disease activity	• If substantially elevated diagnostic of active SLE • If normal, SLE not excluded • Change in titre relates to disease activity
ANTIBODY TO EXTRACTABLE NUCLEAR ANTIGENS	• Categorisation of ANA • Diagnosis of ANA-negative CTD	• RNP alone in high titre - suggests MCTD • SSA/SSB (Ro/La) - suggests Sjogren's syndrome • SSA (Ro) - SLE subset • Sm - specific for SLE • Jo-1 - suggests Polymyositis • Scl 70 - suggests Scleroderma
RHEUMATOID FACTOR	• Suspicion of RA or other CTD	• Suggestive of RA or Sjogen's syndrome • NOT diagnostic of RA

CARDIOLIPIN ANTIBODY	• Recurrent mid trimester abortions • Arterial or venous thromboembolic disease • Assessment for risk in SLE • Thrombocytopaenia	• Risk of arterial and venous thromboembolism, recurrent abortions, with or without SLE • In SLE also associated with CNS disease and thrombocytopaenia
ANTIBODY TO B2GP1	• Recurrent mid trimester abortions • Arterial or venous thromboembolic disease • Assessment for risk in SLE • Thrombocytopaenia	• As for cardiolipin antibody but thought to be more specific
NEUTROPHIL CYTOPLASMIC ANTIBODY	• Vasculitis	• cANCA with PR3 Ab - highly specific for Wegener's Granulomatosis or microscopic PAN • pANCA often with Ab to MPO - poor specifcity but associated with nephritis or vasculitis
MITOCHONDRIAL ANTIBODY	• Chronic liver disease	• GPC Ab in high titre unusual other than with primary biliary cirrhosis • Mitochondrial Ab subtyping can provide additional diagnostic and prognostic information
SMOOTH MUSCLE ANTIBODY	• Chronic liver disease	• Low titre common finding • High titre seen frequently in autoimmune chronic active hepatitis
THYROID MICROSOMAL & THYROGLOBULIN ANTIBODIES	• Autoimmune cause for thyroid disease • Predisposition to autoimmune thyroid disease	• In high titre, combination of these Ab's detects almost all cases of autoimmune thyroid disease
THYROID STIMULATING ANTIBODY	• Diagnosis of thyrotoxicosis • Assessment of disease remission	• Elevated only in thyrotoxicosis • Normalisation predicts remission

ADRENAL ANTIBODY	• Suspected Addison's disease	• Addison's disease
SKIN ANTIBODY	• Bullous skin disease	• Intercellular cement pemphigus • Basement membrane-pemphigoid • Basement membrane IgA Ab - dermatitis herpetiformis
GASTRIC PARIETAL CELL ANTIBODY	• Suspected pernicious anaemia • Thyrogastric autoimmunity	• Atrophic Gastritis • Necessary but not specific for pernicious anaemia of immune aetiology
GLIADIN ANTIBODIES	• Coeliac disease	• IgA gliadin antibody associated with coeliac disease • Moderate specificity • Test not interpretable in IgA deficiency
ENDOMYSEAL ANTIBODY	• Coeliac disease	• Highly associated with coeliac disease • Test not interpretable in presence of IgA deficiency
ACH RECEPTOR ANTIBODY	• Myasthenia Gravis	• When present, is diagnostic of myasthenia gravis • Titre related to disease activity
GBM ANTIBODY	• Pulmonary haemorrhage • Glomerulonephritis	• Goodpasture's Syndrome