

Patient Name :	Bill Date :
DOB/Age/Gender :	Sample Collected :
Patient ID / UHID :	Sample Received :
Referred By :	Report Date :
Sample Type :	Barcode No :
Client :	Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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SEROLOGY AND IMMUNOLOGY REPORT
Autoimmune Liver Diseases Profile IgG
anti- liver-kidney microsomal IgG antibodies

anti- liver-kidney microsomal IgG antibodies 15

Interpretation:

RESULT IN AU/mL	REMARKS
< 11.9	NEGATIVE
≥ 12.0-17.9	EQUIVOCAL
≥ 18.0	POSITIVE

COMMENTS

Autoimmune hepatitis (AIH) is a progressive liver disease of unknown origin, which responds well to immunosuppressive therapy, but which, if not treated, has a negative prognosis. An accurate and early diagnosis therefore plays a fundamental role. AIH is characterised by the histological picture of periportal hepatitis in the absence of viral markers, by hypergammaglobulinemia and in most patients, by the presence of autoantibodies in the serum. Anti-nuclear antibodies (ANA), smooth muscle antibodies (SMA), anti-liver-kidney microsomal (LKM, liver-kidney microsomes) antibodies, and antibodies against soluble liver antigen (SLA) are marker autoantibodies for AIH. 52% of AIH patients are ANA and/or SMA positive, 20% SLA positive and 3% have anti-LKM-1 antibodies. All these antibodies are very important for diagnosing an AIH, however, so far only Anti-Soluble-Liver-Antigens have been highly specific for AIH. ANAs/SMA are found in 10-15% of patients with viral hepatitis or other immune-mediated diseases. LKM-1s are also found in patients with hepatitis C. Anti-LKM antibodies can be divided into three types in relation to their respective target antigens. Anti-LKM-1 antibodies are directed against cytochrome p450 IID6, a 50 kDa cytoplasmic protein found in hepatocytes and renal proximal tubular cells. LKM-2 antibodies are associated with ticrynafen-induced hepatitis. The target antigen of LKM-2 is the cytochrome p450 IIC9, a cytochrome p450 isoenzyme, which catalyses the metabolic oxidation of the drug. Anti-LKM-3 antibodies are associated with chronic hepatitis D and their target antigen is UDP-glucuronosyltransferase. AIH associated with anti-LKM-1s occurs predominantly in childhood, especially in girls aged 2 to 14 years. The determination of anti-LKM-1 antibodies is therefore of paramount importance in paediatrics.

SEROLOGY AND IMMUNOLOGY REPORT
Autoimmune Liver Diseases Profile IgG
LC-1 Antibody

LC-1 Antibody 10

SEROLOGY AND IMMUNOLOGY REPORT
Autoimmune Liver Diseases Profile IgG
SLA/LP Antibody

SLA/LP Antibody 15

SEROLOGY AND IMMUNOLOGY REPORT
Autoimmune Liver Diseases Profile IgG
Ro-52 Antibody

Ro-52 Antibody 22



Dr. Meghana Polamarasetty
 MD Pathology
 Consultant Pathologist

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Interpretation:

Note

1. It is recommended to confirm all positive results by Monospecific tests.
2. Autoimmune reactivities are not by themselves diagnostic, but must be correlated with other laboratory & clinical findings.
3. Test conducted on Serum.

Comments

Autoimmune liver diseases (AiLD) encompass the following diseases: Autoimmune hepatitis (AIH), Primary biliary cirrhosis (PBC) & Primary sclerosing cholangiitis (PSC). In addition, so-called Overlap syndromes can occur, i.e. the simultaneous presence of two different AiLD or one AiLD in combination with another autoimmune disease, for example Systemic sclerosis (SSc). Autoimmune hepatitis (AIH) is further divided into two subtypes namely, AIH type 1 and AIH type 2.

2. Prevalence of various autoantibodies in Autoimmune liver diseases

Autoantibodies	Prevalence in AIH	Prevalence in PBC	Prevalence in PSC	Prevalence in Overlap syndrome
ANA	40% - 60% (AIH)			
100% (AIH - type 1)	5% - 50%	6% - 35%	5% - 100%	
dsDNA	20% - 30%			
ASMA	40% - 50% (AIH)			
60% - 90% (AIH - type 1)	25% - 50%	<10%		
SLA/LP	15% - 30% (Europe, North America) 7% (Japan)			<10%
Ro-52	5% - 19%	<5%		<10%
LC-1	10% (AIH)			
35% (AIH - type 2)				
LKM-1	3% - 5% (AIH)			
70% (AIH - type 2)				
AMA		85% - 95%		30% - 96%
M2-3E (BPO)	4%	90% - 95%		
Sp100		15% - 31%		
PML	4%	13%		
gp210	4%	26%		
Cenp		10% - 25%		
P-ANCA	10%	6% - 28%	40% - 50%	



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