

Autoimmune Diseases and Testing

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Objectives:

Discuss mechanism of autoimmune disease and trends

Cover testing done in Immunology Lab for connective tissue disease

Cover ANCA testing

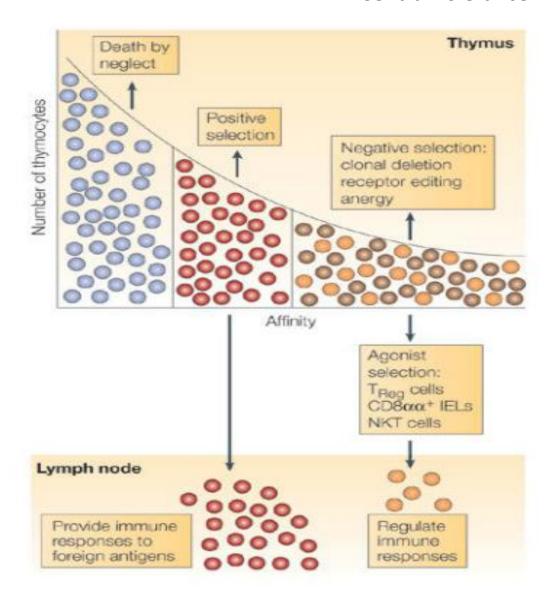
 Discuss Autoimmune Liver disease testing, Celiac disease and Rheumatoid Arthritis The role of the immune system is to keep the body healthy by destroying that which it perceives to be non-self.

 In Autoimmune Disease the body mistakes normal tissue for non-self and begins to attack the tissue in an attempt to destroy it.

Activation of an immune response against self-tissue

 Specific breakdown of mechanisms responsible for tolerance to selfantigens

Central Tolerance

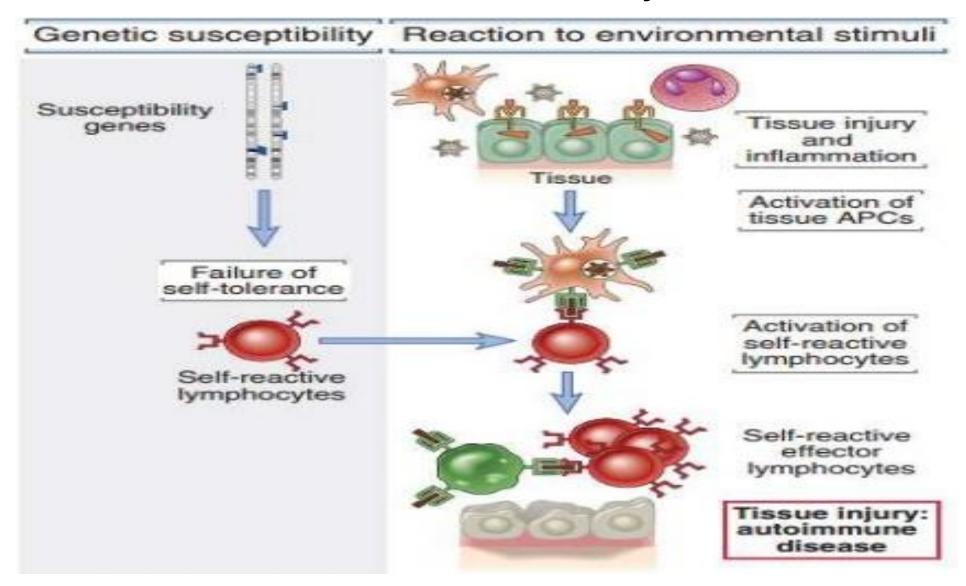


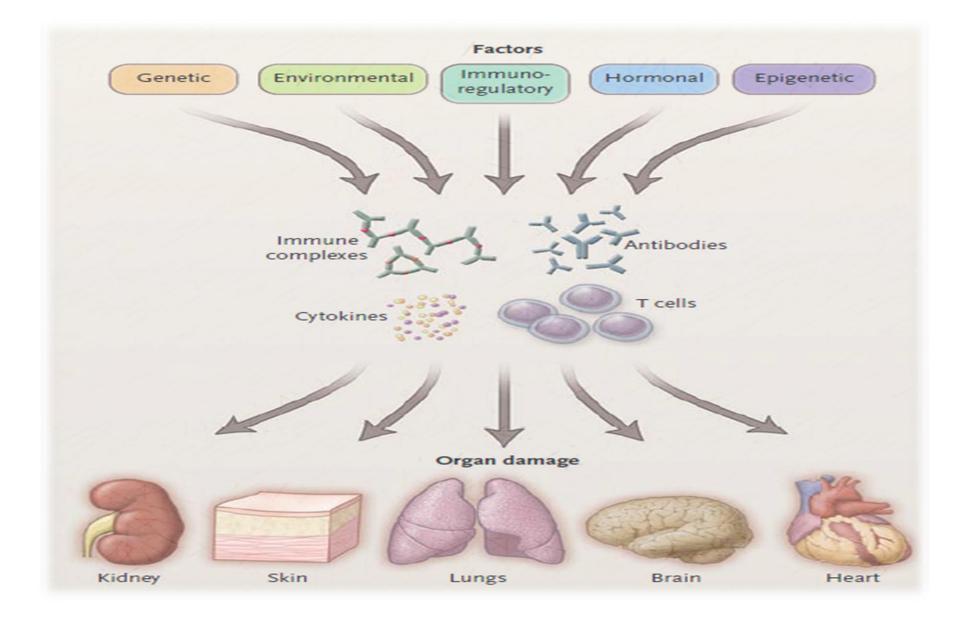
All prothymocytes migrate from bone marrow and enter thymus

Positive selection – must recognize self-MHC

2. Negative selection – must not recognize self-Ags

Mechanism of Autoimmunity

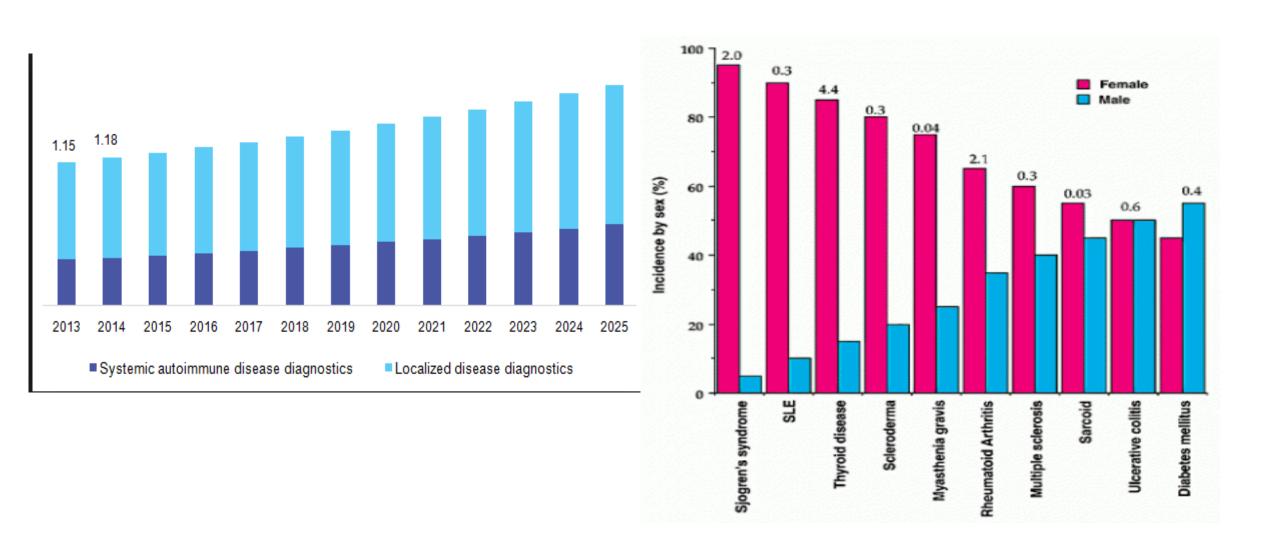




Organ-Specific	Systemic	
Hashimoto thyroiditis	Systemic lupus erythematosus	
Autoimmune hemolytic anemia	Rheumatoid arthritis	
Autoimmune atrophic gastritis of pernicious anemia	Sjögren syndrome	
Multiple sclerosis	Reiter syndrome	
Autoimmune orchitis	Inflammatory myopathies*	
Goodpasture syndrome	Systemic sclerosis (scleroderma)*	
Autoimmune thrombocytopenia	Polyarteritis nodosa*	
Insulin-dependent diabetes mellitus		
Myasthenia gravis		
Graves disease		
Primary biliary cirrhosis*		
Autoimmune (chronic active) hepatitis*		
Ulcerative colitis*		

^{*}The evidence supporting an autoimmune basis of these disorders is not strong.

Recent trends in Autoimmune Diseases

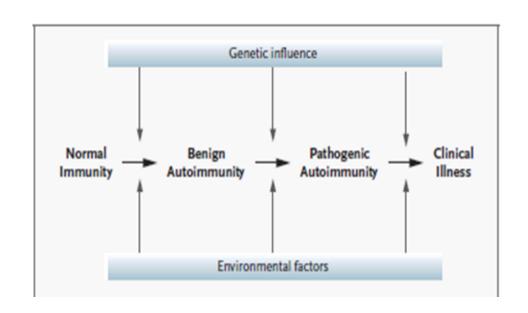


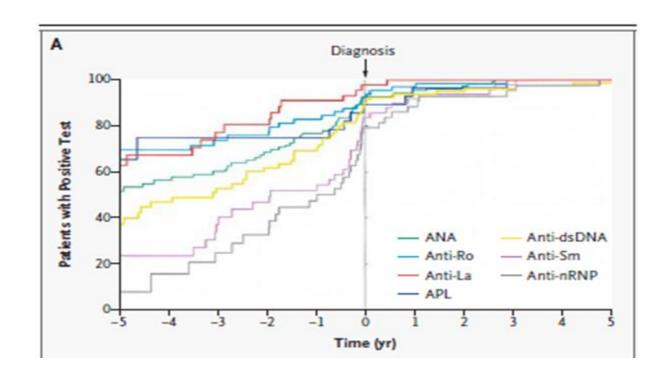
Autoimmune disease Associated Autoantibody

Autoantibody	Disease Associated	
Anti-dsDNA	Lupus	
Anti-Smith		
Rheumatoid Factor (Anti-Fc portion of IgG)	Rheumatoid arthritis	
Anti-Cyclic Citrullinated Peptide (Anti-CCP)		
Anti-Topoisomerase I (Anti-Scl-70)	Systemic Scleroderma	
Anti-Centromere	CREST Syndrome (Scleroderma)	
Anti-Basement Membrane	Goodpasteur's	
p-ANCA and c-ANCA	Various forms of Vasculitis	

Staining	Antigen	Disease	
Diffuse or homogeneous	Deoxyribonucleoprotein, histone, ds DNA	Systemic lupus erythematosus (SLE)	
Peripheral or rim	ds DNA	SLE	
Speckled	saline extractable antigens Sm	SLE	
	SS -A, SS -B	Sjögren's Syndrome	
	ScI -70	Progressive systemic sclerosis	
	RNP	Mixed connective tissue disease, SLE	
Nucleolar	Nucleolar RNA	SLE, scleroderma	
Centromere Centromere/kinetochore region of chromosome		Crest subset of systemic sclerosis	

Autoantibodies are typically present years before onset of symptoms or diagnosis of Autoimmune disease



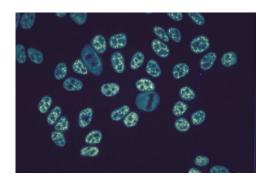


Antinuclear Antibody Testing (ANA) Connective Tissue Disease

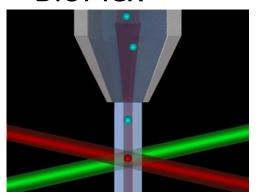
Methods

- Indirect Immunofluorescent Method(IFA)
- Multiplex Bead Assay-EIA (BioPlex)
- Double Immunodiffusion Assay (Ouchterlony)
- Line Immunoassay (Immunoblot)

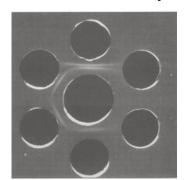
IFA



BioPlex



Ouchterlony



Immunoblot



ANA by EIA

ANA by Multiplex methodology

BioPlex



ENA EXTRACTABLE NUCLEAR ANTIGENS

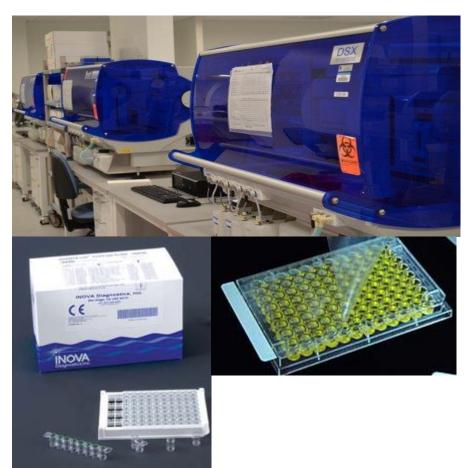
Smith (Sm)
SSa (Ro)
SSb (La)
RNP
Scl-70
Jo-1
Ribo P
Centromere
Chromatin

dsDNA Methods of Testing





DNA by Enzyme Immunoassay (ELISA)



• <30 IU/mL = Negative

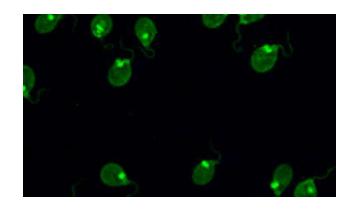
• 35 - 75 IU/mL = Borderline

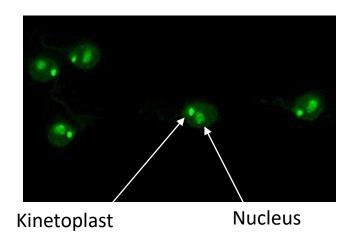
• >75 IU/mL = Positive

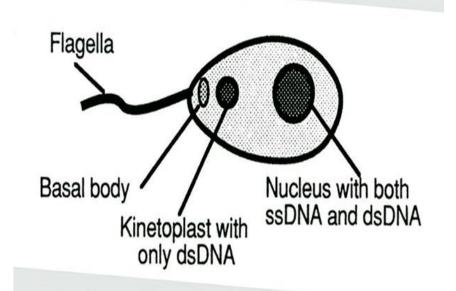
Positives if part of the panel reflex to Crithidia test.

Some Lupus patients at the height of their symptoms may have DNA value >1000 IU/mL.

Crithidia luciliae

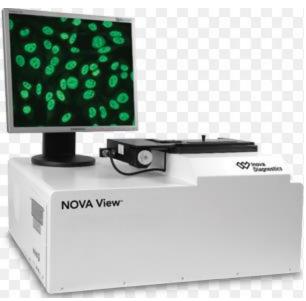


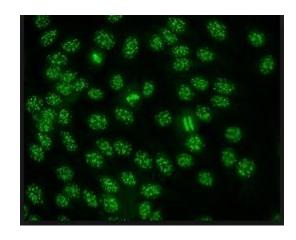


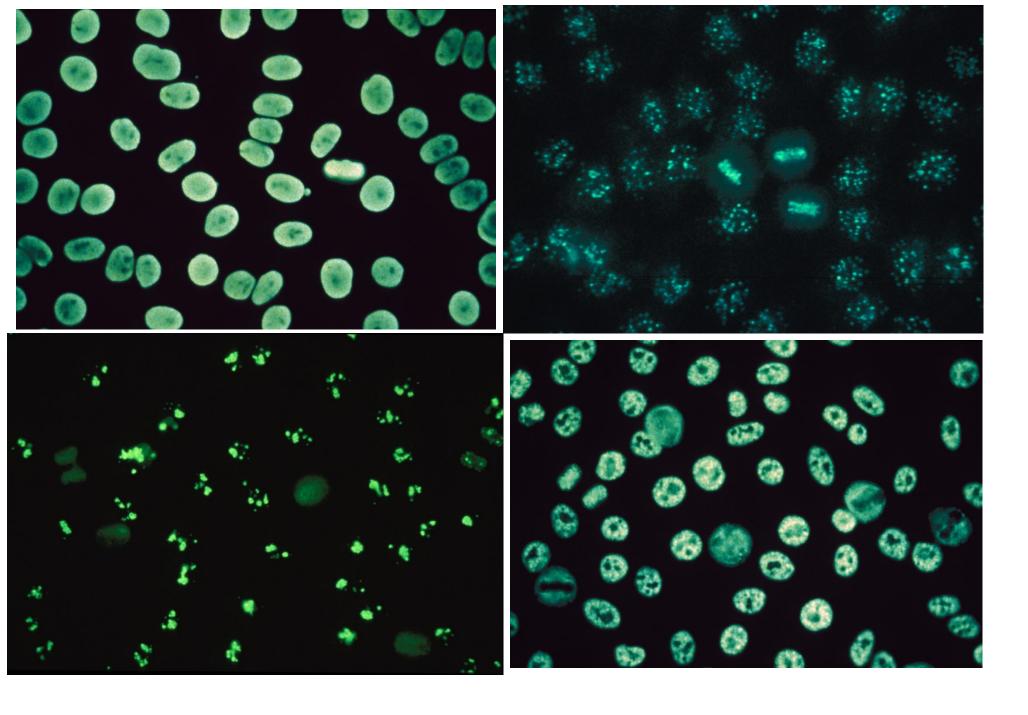


ANA by Indirect Immunofluorescence Assay (IFA)









Clinical manifestations of the Connective Tissue diseases









Lacrimal and salivary malfunction and swelling of salivary glands.

CREST syndrome

This is a variant of systemic sclerosis Relatively good prognosis

Fluorescent ANA test (indirect IF): nuclear centromeres

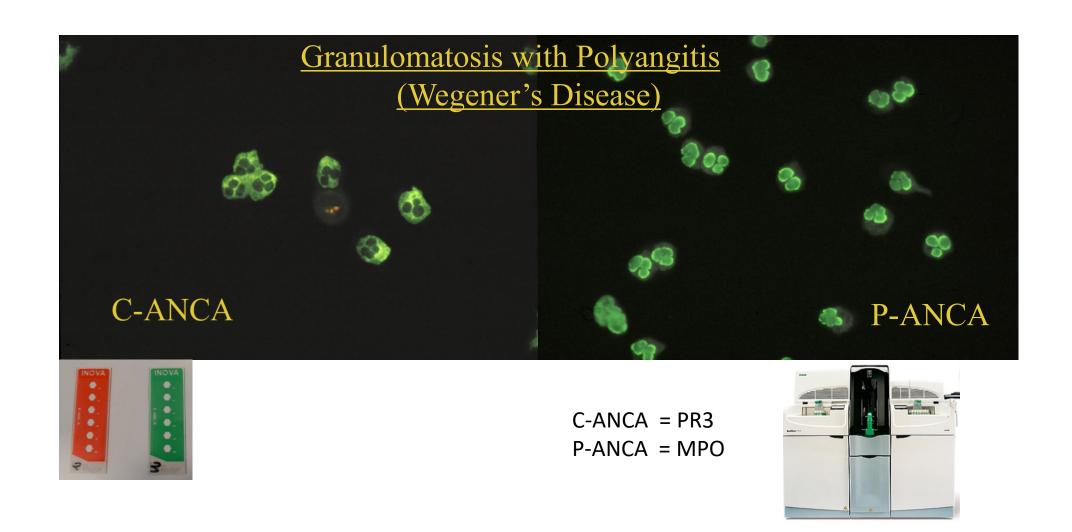
The mnemonic stands for Calcinosis, Raynaud's phenomeno Esophageal dysmotility, Sclerodactyly and Telangiectasia.

Raynaud's phenomenon – antibodies to nRNP





Anti-Neutrophil Cytoplasmic Antibodies (ANCA) Vasculitis

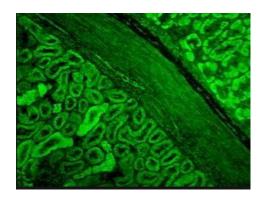


Algorithm for ANCA testing

Antibody	Ethanol Substrate	Formalin Substrate	Confirmatory ELISA Test
cANCA	Cytoplasmic pattern	Cytoplasmic pattern	Anti-Proteinase 3 (PR3)
pANCA	Perinuclear pattern	Cytoplasmic pattern	Anti-Myeloperoxidase (MPO)
ANA	Perinuclear/nuclear	Nuclear/Negative	Negative for PR3 and MPO, ANA on HEp2 cells
Atypical P-ANCA	Very Perinuclear with no nuclear extension	Negative or Perinuclear	Negative for PR3 or MPO. Lysozyme, elastase, lactoferrin, cathepsin G, 50 kD Nuc. Env protein

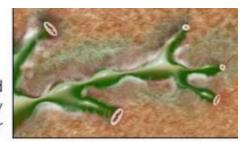
Autoimmune Liver Disease

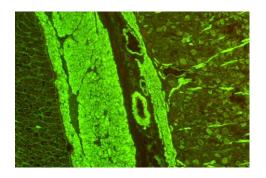
Testing for AMA, ASMA



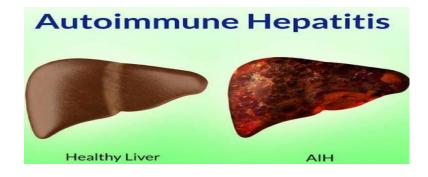
AMA- Positive seen in Primary Biliary Cirrhosis



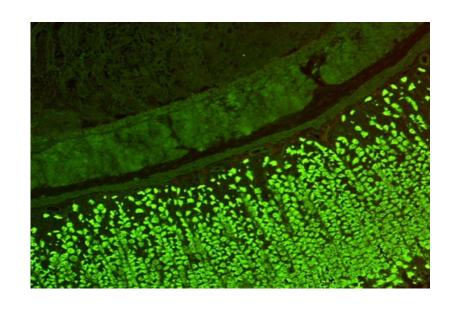


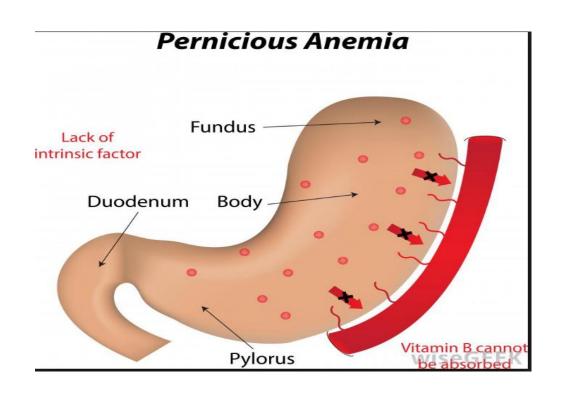


ASMA – Positive seen in Autoimmune Hepatitis



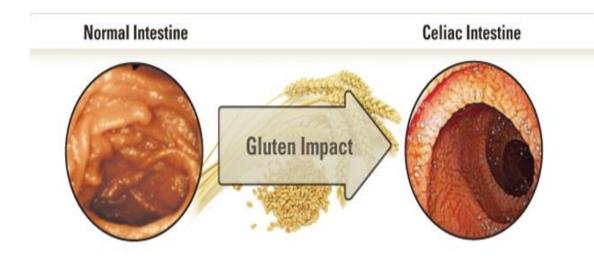
Testing for APCA





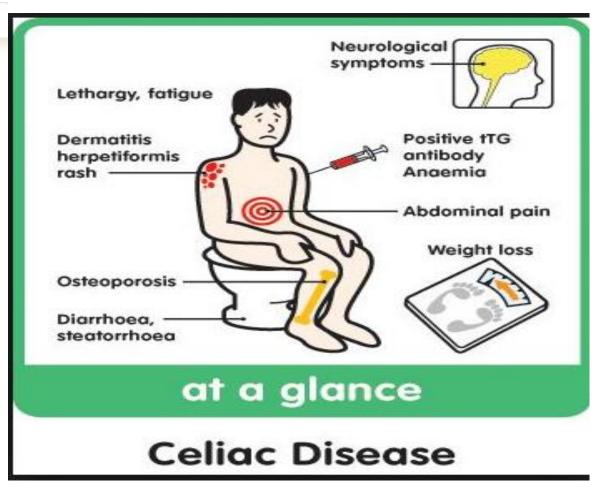
APCA - Positive seen in pernicious anemia

Celiac Disease



With time intestinal villi are damaged due to abnormal immune reaction to gluten consequently resulting in malabsorption of nutrients.

Symptoms



Testing for Celiac Disease



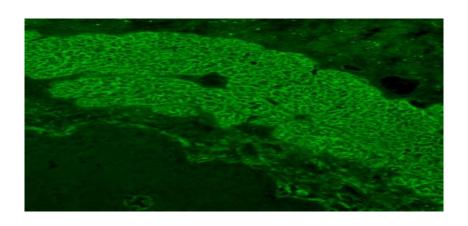
Testing for selective IgA deficiency IgA low (<7 mg/dl)



TTGA
Gliadin IgA
Gliadin IgG
TTGG

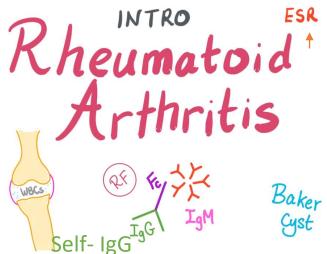


Endomysial Antibody



Rheumatoid Arthritis (RA)





Autoimmune disease that attacks joint linings (synovial membranes).

The inflammation associated with rheumatoid arthritis can damage other parts of the body as well.

Testing

- **CCP** Cyclic Citrullinated Peptide Antibodies highly specific and more sensitive than RF
- **RF** Rheumatoid Factor (could be of any class but most laboratory tests reflect the amount of IgM).
- **CRP** C Reactive Protein (Inflammatory marker)

Summary

 Reviewed Autoimmune Diseases and the ANA testing by different methods.

Discussed ANCA testing and algorithm followed in our lab.

 Discussed Autoimmune Liver disease testing, Celiac disease and Rheumatoid Arthritis.