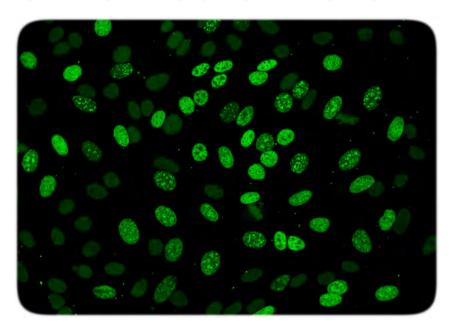
ImmunoFluorescence Guide

FOR THE MODERN AUTOIMMUNITY LABORATORY



This guide clearly conveys the immense potential of fluorescence-coupled detection systems for the clarification of complex processes. 2^{nd} edition



ImmunoFluorescence Guide

FOR THE MODERN AUTOIMMUNITY I ABORATORY

PREFACE

Autoimmune findings are essential components of immunological diagnostics. Together with other serological and clinical data, determination of autoantibodies contributes significantly to the diagnosis of autoimmune diseases.

For many years, screening has been carried out by the detection of autoantibodies with indirect immunofluorescence tests on human epithelioma cells (HEp-2 cells). The advantages of this method are high sensitivity and a broad spectrum of detectable antibodies. In addition to antinuclear antibodies (ANA), staining of mitotic stages (metaphase) and cytoplasmic antibodies are also analysed.

Diagnostic tests on tissue sections (kidney, stomach and liver from rat or mouse) are a reasonable supplement to the analyses on HEp2 cells.

Indirect immunofluorescence assays allow for cost-effective and highquality diagnostics. Subsequent application of other immunological tests such as ELISA or immunoblots in a stepwise diagnostic process further specifies positive findings.

In the modern autoimmune laboratory, experience and expertise of the personnel evaluating the test results remain the major criteria for high quality autoimmune diagnostics.

Barbara Fabian, September 2013

TABLE OF CONTENTS

HEp-2 Cells: Nuclear Antibodies

Antibodies with nomogeneous pattern	0
dsDNA antibodies	
Nucleosome antibodies	
Nuclear membrane antibodies – lamins	
Nuclear membrane antibodies – nuclear pores (gp210)	
Nuclear membrane antibodies – nuclear pores (gp210)	14
Antibodies with granular pattern	
SS-A/Ro antibodies	18
SS-B/La antibodies	
NuMA antibodies (centrophilin)	
U1-RNP antibodies	
Nuclear matrix protein antibodies (hnRNP)	26
Sm antibodies	28
PCNA antibodies (cyclin)	30
Authorite with analysis and	
Antibodies with nucleolar pattern	2.4
ScI-70 antibodies	
PM-ScI-100 antibodies	۵۵ مو
NOR-90 antibodies	
RIVA polymerase antibodies	42
Antibodies with dotted pattern	
Nuclear dot antibodies	46
Multiple dot antibodies (Sp100)	
Centromere antibodies (CENP-B)	
,	
HEp-2 Cells: Cytoplasmic Antibodies	
Jo-1 antibodies	5.4
PL7, PL12 antibodies	
Ribosomal antibodies (Rib-P antibodies)	50 58
SRP antibodies	60 60
SIXI altibodies	00
KSL Tissues (Kidney/Stomach/Liver)	
Antimitochondrial antibodies (AMA-M2)	64
F-actin antibodies	68
LKM-1 antibodies	
Gastric parietal cell antibodies (GPA)	

LIST OF ABBREVIATIONS

ACR American College of Rheumatology

AIH autoimmune hepatitis

AB antibody

CAVB complete atrio-ventricular block

CLIFT Crithidia luciliae immunofluorescence test

DM dermatomyositis

dsDNA double-stranded DNA

ELISA enzyme-linked immunosorbent assay

GPA gastric parietal cell antigen HEp-2 human epithelioma cell line

hnRNP heterogeneous nuclear ribonucleoprotein

IF intrinsic factor

IIF indirect immunofluorescence KSL kidney/stomach/liver tissues

LE lupus erythematosus
LKM liver/kidney microsomes

M2 inner mitochondrial membrane M2 protein

MCTD mixed connective tissue disease
NOR nucleolus organiser regions
NuMA nuclear mitotic apparatus
PBC primary biliary cirrhosis

PCNA proliferating cell nuclear antigen

PM polymyositis

prim. SS primary Sjögren's syndrome

RA rheumatoid arthritis
RNP ribonucleoprotein

SLE systemic lupus erythematosus

Sm AB Smith antibody

SS Sjögren's syndrome

SS-A Sjögren's syndrome protein A SS-B Sjögren's syndrome protein B

HEp-2 CELLS – NUCLEAR ANTIBODIES

ANTIBODIES WITH HOMOGENEOUS PATTERN

- dsDNA antibodies
- Histone antibodies
- Nucleosome antibodies
- Nuclear membrane antibodies lamins
- Nuclear membrane antibodies nuclear pores (gp210)

DOUBLE-STRANDED DNA ANTIBODIES (dsDNA ANTIBODIES)

Autoantigen

Native double-stranded DNA (dsDNA)

Indirect immunofluorescence

HEp-2 → interphase nuclei: homogeneous

→ mitotic cells: positive

KSL → nuclei: homogeneous

Confirmation test

ELISA → ANA Detect, Anti-dsDNA

Immunoblot → Nucleo-9-Line

IIF → Crithidia luciliae IIF test (CLIFT):

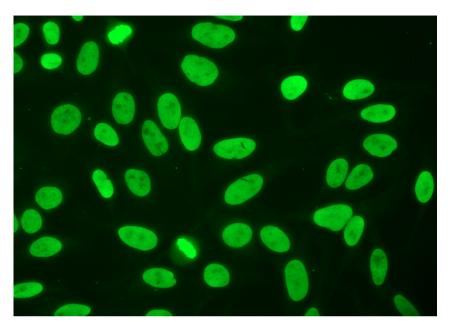
fluorescence of the kinetoplasts

Clinical relevance

Diagnostic marker for SLE (ACR criteria!) Prognostic marker

Frequency

SLE \rightarrow 60-70% ⁽¹⁾ PBC \rightarrow 8% ⁽¹⁰⁾



HEp-2 \rightarrow interphase nuclei: homogeneous



HEp-2 → mitotic cells: positive

HISTONE ANTIBODIES

Autoantigen

Basic proteins H1, H2A, H2B, H3, H4

Indirect immunofluorescence

HEp-2 → interphase nuclei: homogeneous

 \rightarrow mitotic cells: positive

Confirmation tests

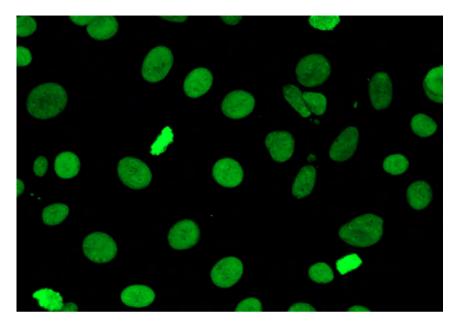
ELISA → ANA Detect, Anti-Histone

Clinical relevance

Indication of drug-induced lupus

Frequency

Drug-induced lupus \rightarrow 90% ⁽⁴⁾ SLE \rightarrow 50-70% ⁽²⁾



 $\textbf{HEp-2} \ \to \text{interphase nuclei: homogeneous}$



HEp-2 → mitotic cells: positive

NUCLEOSOME ANTIBODIES

Autoantigen

Parts of the nucleosomes, structural components of chromatin

Indirect immunofluorescence

HEp-2 → interphase nuclei: homogeneous

→ mitotic cells: positive

Confirmation tests

ELISA → ANA Detect, Anti-Nucleosome

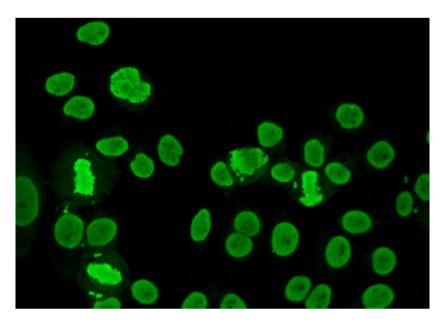
Immunoblot → Nucleo-9-Line

Clinical relevance

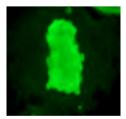
Diagnostic marker for SLE even in anti-dsDNA negative SLE patients Early diagnostic marker for SLE

Frequency

 $\begin{array}{lll} \textbf{SLE} & \rightarrow 71\% \\ \textbf{Active SLE} & \rightarrow 100\% \stackrel{(5)}{\sim} \\ \textbf{Systemic sclerosis} & \rightarrow 46\% \stackrel{(6)}{\sim} \\ \textbf{MCTD} & \rightarrow 45\% \stackrel{(6)}{\sim} \\ \textbf{SS} & \rightarrow 4\% \end{array}$



HEp-2 \rightarrow interphase nuclei: homogeneous



HEp-2 → mitotic cells: positive

NUCLEAR MEMBRANE ANTIBODIES - LAMIN -

Autoantigen

Type V intermediate filaments in the nuclear membrane

Indirect immunofluorescence

 $\textbf{HEp-2} \hspace{1.5cm} \rightarrow \text{interphase nuclei: homogeneous} \hspace{0.2cm} ,$

like "tissue paper", with accentuated

continuous nuclear rim
→ mitotic cells: negative

KSL (rat) → nuclei: linear rim

Confirmation tests

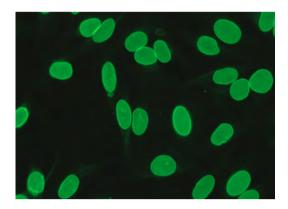
Currently not available in the routine laboratory

Clinical relevance

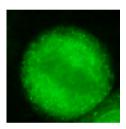
Indication of autoimmune liver diseases

Frequency

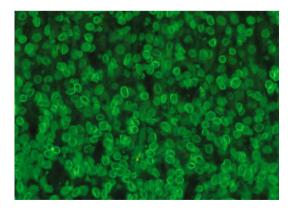
Rare in PBC, AIH, SLE



HEp-2 → interphase nuclei: homogenous, like "tissue paper" with accentuated continuous nuclear rim



HEp-2 \rightarrow mitotic cells: negative



 $\mathbf{KSL} \longrightarrow \mathsf{stomach}$ (rat): nuclei with linear rim

NUCLEAR MEMBRANE ANTIBODIES - NUCLEAR PORES (gp210) -

Autoantigen

Nuclear pore protein of 210 kDa

Indirect immunofluorescence

 $\textbf{HEp-2} \qquad \qquad \rightarrow \text{interphase nuclei: pale with}$

accentuated, punctate nuclear rim

→ mitotic cells: negative

Confirmation tests

ELISA → Anti-gp210

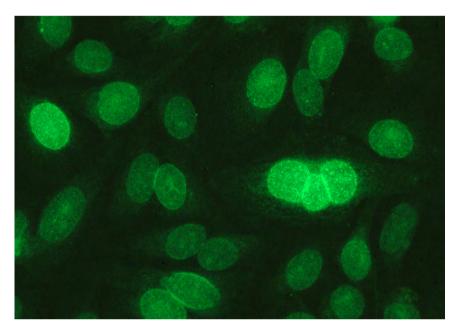
Immunoblot → Liver-9-Line

Clinical relevance

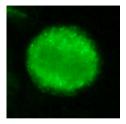
Prognostic marker for autoimmune liver diseases

Frequency

PBC \rightarrow 21% ⁽¹⁰⁾ AIH \rightarrow rare



 $\textbf{HEp-2} \ \to \text{interphase nuclei: punctate nuclear rim}$



HEp-2 → mitotic cells: negative

HEp-2 CELLS – NUCLEAR ANTIBODIES

ANTIBODIES WITH GRANULAR PATTERN

- SS-A/Ro antibodies
- SS-B/La antibodies
- NuMA antibodies
- U1-RNP antibodies
- Nuclear matrix protein antibodies
- Sm antibodies
- PCNA antibodies

SS-A/Ro ANTIBODIES

Autoantigen

Two proteins of 52 kDa and 60 kDa from the ribonucleoprotein complex located in the cytoplasm and in the nucleus

Indirect immunofluorescence

HEp-2 → interphase nuclei: fine granular

→ mitotic cells: negative

Confirmation tests

ELISA → ANAcombi, ANA Detect, ANAscreen,

Anti-SS-A, Anti-SS-A 52, Anti-SS-A 60, ENA-4-Profile, ENA-6-Profile, ENAcombi,

ENAscreen

Immunoblot → ANA-9-Line, Nucleo-9-Line

Clinical relevance

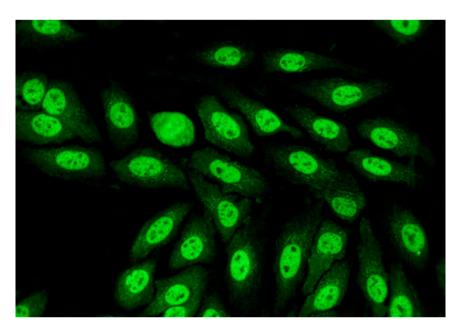
Diagnostic marker for Sjögren's syndrome (classification criteria!) Early diagnostic marker for Sjögren's syndrome (even when patients are asymptomatic!)

Frequency

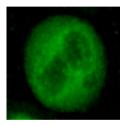
Prim. SS \rightarrow 62% (3) \rightarrow SLE \rightarrow 30-50% (2)

CAVB in children of

mothers with SS-A AB \rightarrow 1-5% $^{(15)}$ PBC \rightarrow 28% $^{(10)}$



HEp-2 \rightarrow interphase nuclei: fine granular



HEp-2 → mitotic cells: negative

SS-B/La ANTIBODIES

Autoantigen

48 kDa protein of the ribonuclear protein complex located in the cytoplasm and in the nucleus

Indirect immunofluorescence

HEp-2 → interphase nuclei: fine granular

→ mitotic cells: negative

Confirmation tests

 $\qquad \qquad \rightarrow \text{ANA Detect, ANA combi, ANA screen,}$

Anti-SS-B, ENA-6-Profile, ENAcombi,

ENAscreen

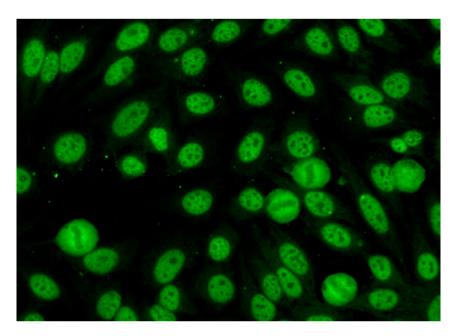
Immunoblot → ANA-9-Line, Nucleo-9-Line

Clinical relevance

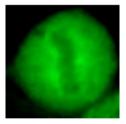
Early diagnostic marker for Sjögren's syndrome Higher diagnostic specificity when anti-SS-A and anti-SS-B are positive

Frequency

Prim. SS $\rightarrow 43\%$ (3) SLE $\rightarrow 10-15\%$ (2)



HEp-2 \rightarrow interphase nuclei: fine granular



HEp-2 → mitotic cells: negative

NuMA ANTIBODIES (CENTROPHILIN ANTIBODIES)

Autoantigen

Nuclear mitotic spindle apparatus proteins

Indirect immunofluorescence

HEp-2 → interphase nuclei: fine granular

 \rightarrow mitotic cells: positive at the spindle poles

Confirmation tests

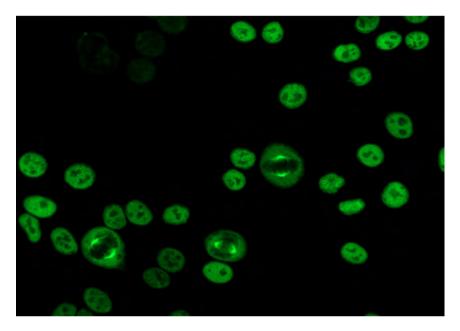
Currently not available in the routine laboratory

Clinical relevance

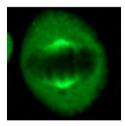
General indicator of autoimmune disease

Frequency

Rare for Sjögren's syndrome, SLE, systemic sclerosis, Sharp syndrome (MCTD), primary biliary cirrhosis



HEp-2 \rightarrow interphase nuclei: fine granular



HEp-2 \rightarrow mitotic cells: spindle poles positive

U1-RNP ANTIBODIES

Autoantigen

Ribonucleoproteins U1-70 kDa, U1-A, U1-C

Indirect immunofluorescence

HEp-2 \rightarrow interphase nuclei: coarse granular,

pattern with spared nucleoli

→ mitotic cells: negative

Confirmation tests

ELISA → ANAcombi, ANA Detect, ANAscreen,

Anti-RNP-70, Anti-RNP/Sm, ENA-4-Profile, ENA-6-Profile, ENAcombi, ENAscreen

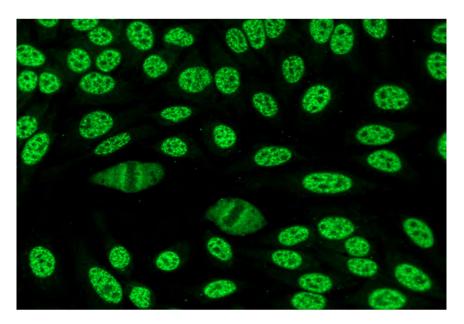
Immunoblot → ANA-9-Line, Nucleo-9-Line

Clinical relevance

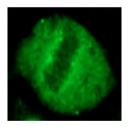
Diagnostic marker for Sharp syndrome (MCTD)

Frequency

 $\begin{array}{ll} \text{MCTD} & \rightarrow 100\% \\ \text{SLE} & \rightarrow 30\text{-}40\% \\ \text{System. sclerosis} & \rightarrow 2\text{-}5\% \\ \end{array}$



HEp-2 → interphase nuclei: coarse granular; nucleoli: negative



HEp-2 → mitotic cells: negative

NUCLEAR MATRIX PROTEIN ANTIBODIES (hnRNP ANTIBODIES)

Autoantigen

heterogenous nuclear ribonucleoprotein

Indirect immunofluorescence

HEp-2 → interphase nuclei: dots and lines arranged

around negative nucleoli

 \rightarrow mitotic cells: negative

Confirmation tests

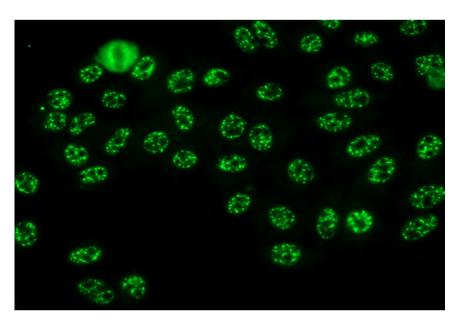
Currently not available in the routine laboratory

Clinical relevance

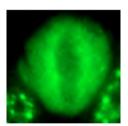
hnRNP – A2/RA 33 indicates early RA, correlated with severe erosive arthritis in SLE patients

Frequency

hnRNP – A2/RA 33 for RA \rightarrow 32% (8)



 ${\sf HEp-2} \ \to {\sf interphase} \ {\sf nuclei}$: dots and lines arranged around negative nucleoli



HEp-2 → mitotic cells: negative

Sm ANTIBODIES

Autoantigen

Sm-B, Sm-B' and Sm-D ribonucleoproteins

Indirect immunofluorescence

HEp-2 → interphase nuclei: coarse granular

→ mitotic cells: negative

Confirmation tests

ELISA: → ANAcombi, ANA Detect, ANAscreen,

Anti-RNP/Sm, Anti-Sm, ENA-4-Profile, ENA-6-Profile, ENAcombi, ENAscreen

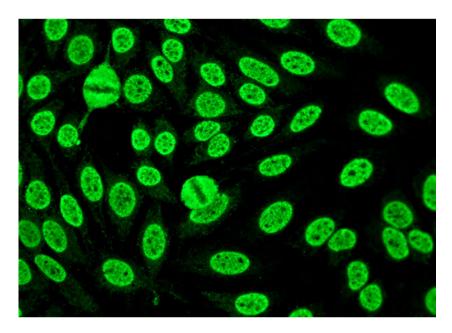
Immunoblot → ANA-9-Line, Nucleo-9-Line

Clinical relevance

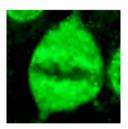
Diagnostic marker for SLE (ACR criteria!) Prognostic marker

Frequency

SLE \rightarrow 20-30% ⁽²⁾



 $\textbf{HEp-2} \ \to \text{interphase nuclei: coarse granular}$



HEp-2 → mitotic cells: negative

PCNA ANTIBODIES (CYCLIN ANTIBODIES)

Autoantigen

Proliferating cell nuclear antigen

Indirect immunofluorescence

HEp-2

- → interphase nuclei: pleomorphic, dependent on cell cycle phase:
 - G1 and early S phase: negative to weak positive middle and late S phase: fine to coarse granular
- → mitotic cells: negative

Confirmation tests

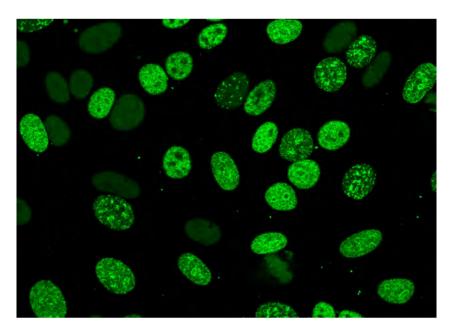
Currently not available in the routine laboratory

Clinical relevance

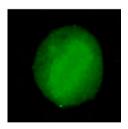
Diagnostic marker for SLE

Frequency

SLE \rightarrow 3% ⁽²⁾



 $\textbf{HEp-2} \ \to \text{interphase nuclei: pleomorphic, depending on cell cycle phase}$



HEp-2 → mitotic cells: negative

HEp-2 CELLS – NUCLEAR ANTIBODIES

ANTIBODIES WITH NUCLEOLAR PATTERN

- ScI-70 antibodies
- PM-ScI-100 antibodies
- Fibrillarin antibodies
- NOR-90 antibodies
- RNA polymerase antibodies

ScI-70 ANTIBODIES

Autoantigen

DNA topoisomerase I

Indirect immunofluorescence

HEp-2 → interphase nuclei: fine granular,

nucleoli granular

→ mitotic cells: positive

Confirmation tests

ELISA → ANAcombi, ANA Detect, Anti-Scl-70,

ANAscreen, ENA-6-Profile, ENAcombi,

ENAscreen

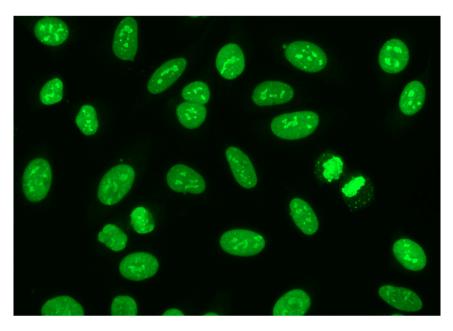
Immunoblot → ANA-9-Line, Nucleo-9-Line

Clinical relevance

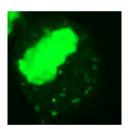
Diagnostic marker for sclerosis Prognostic marker for sclerosis Early diagnostic marker for sclerosis

Frequency

Systemic sclerosis \rightarrow 43% ⁽⁹⁾ Diffuse forms of sclerosis \rightarrow 70% ⁽²⁾ Lokalised forms of sclerosis \rightarrow 13% ⁽²⁾



HEp-2 \rightarrow interphase nuclei: finely granular, nucleoli granular



HEp-2 \rightarrow mitotic cells: positive

PM-ScI-100 ANTIBODIES

Autoantigen

20-110 kDa proteins of the nucleolar PM/ScI macromolecular complex (nucleolar exosome)

Indirect immunofluorescence

HEp-2 → interphase nuclei: weak fine granular

nucleoli homogeneous

 \rightarrow mitotic cells: negative

Confirmation tests

ELISA \rightarrow ANA Detect

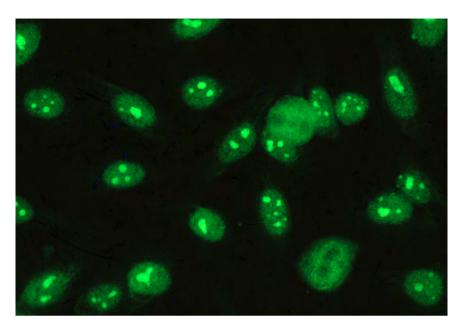
Immunoblot → Myositis plus

Clinical relevance

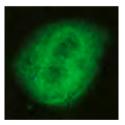
Diagnostic marker for polymyositis/sclerosis overlap syndromes Prognostic marker

Frequency

Systemic sclerosis/myositis overlap $\rightarrow 50\%$ (9)



HEp-2 \rightarrow interphase nuclei: fine granular, homogeneous nucleolar



HEp-2 \rightarrow mitotic cells: negative

FIBRILLARIN ANTIBODIES (U3-RNP ANTIBODIES)

Autoantigen

34 kDa protein of the ribonucleoprotein complex

Indirect immunofluorescence

HEp-2 → interphase nuclei: nucleoli clumpy

→ mitotic cells: "cloudy" positive

Confirmation tests

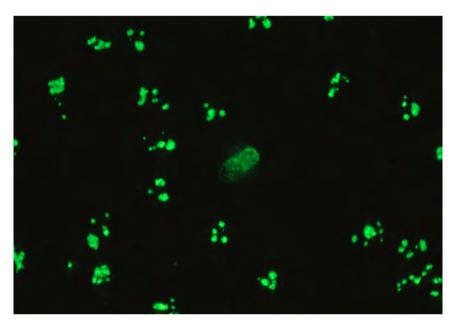
Currently not available in the routine laboratory

Clinical relevance

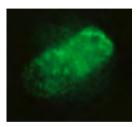
Diagnostic marker for sclerosis
Prognostic marker for sclerosis
Early diagnostic marker for sclerosis

Frequency

Diffuse forms of sclerosis \rightarrow 5% (2) Limited forms of sclerosis \rightarrow 10% (2)



HEp-2 → interphase nuclei: nucleoli clumpy



 $\textbf{HEp-2} \ \to \text{mitotic cells: "cloudy" positive}$

NOR-90 ANTIBODIES

Autoantigen

Nucleolus organizer region associated 90 kDa protein

Indirect immunofluorescence

HEp-2

- → interphase nuclei: nucleoli granular
- → mitotic cells: isolated dots in the chromatin region

Confirmation tests

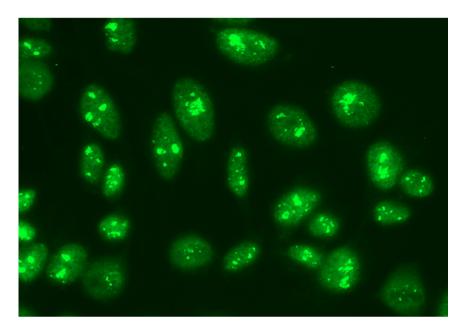
Currently not available in the routine laboratory

Clinical relevance

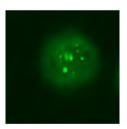
General indicator of autoimmune disease

Frequency

Rare for sclerosis, SLE



 $\textbf{HEp-2} \ \to \text{interphase nuclei: nucleoli granular}$



 $\textbf{HEp-2} \ \, \rightarrow \text{mitotic cells: isolated dots in the chromatin region}$

RNA POLYMERASE ANTIBODIES

Autoantigen

RNA polymerase complex, proteins of 10-220 kDa

Indirect immunofluorescence

HEp-2 → interphase nuclei: nucleoli granular

 \rightarrow mitotic cells: isolated dots in the chromatin

region

Confirmation tests

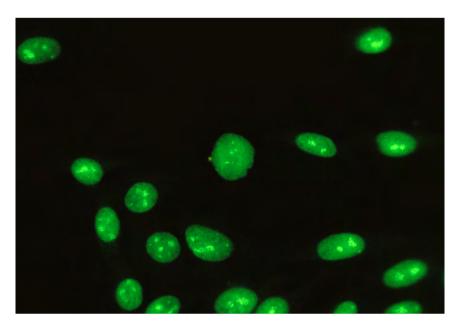
Currently not available in the routine laboratory

Clinical relevance

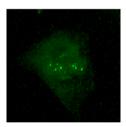
General indicator of autoimmune disease

Frequency

Systemic sclerosis $ightarrow 23\%^{(2)}$ Diffuse cutaneous sclerosis $ightarrow 38\%^{(9)}$



 $\textbf{HEp-2} \ \to \text{interphase nuclei: nucleoli granular}$



HEp-2 \rightarrow mitotic cells: isolated dots in the chromatin region

HEp-2 CELLS – NUCLEAR ANTIBODIES ANTIBODIES WITH DOTTED PATTERN

- Nuclear dot antibodies
- Multiple dot antibodies
- Centromere antibodies

NUCLEAR DOT ANTIBODIES (p80 COILIN ANTIBODIES)

Autoantigen

80 kDa protein localised in the Cajal bodies (coiled bodies) of the nucleus

Indirect immunofluorescence

HEp-2 → interphase nuclei: some dots (2 to 4)

→ mitotic cells: negative

Confirmation tests

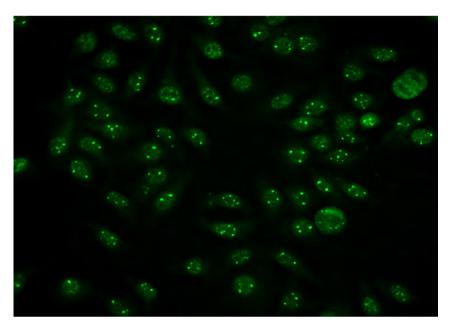
Currently not available in the routine laboratory

Clinical relevance

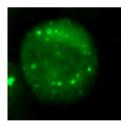
General indicator of autoimmune disease

Frequency

Rare for PBC, SS, sclerosis, chronic hepatitides



HEp-2 → interphase nuclei: some dots (2 to 4)



HEp-2 → mitotic cells: negative

MULTIPLE DOT ANTIBODIES (Sp100 ANTIBODIES)

Autoantigen

Soluble nuclear protein of 53 kDa (aberrant electrophoretic mobilities, with an apparent molecular weight of 100 kDa)

Indirect immunofluorescence

HEp-2 → interphase nuclei: dots (usually 3 to 10)

→ mitotic cells: negative

Confirmation tests

ELISA \rightarrow Anti-Sp100

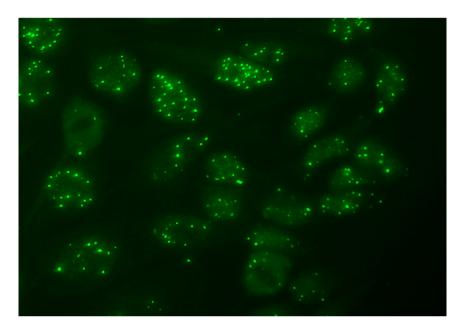
Immunoblot → Liver-9-Line

Clinical relevance

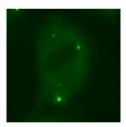
High specificity for PBC Possible early diagnostic marker for PBC

Frequency

PBC \rightarrow 33% ⁽¹⁰⁾



HEp-2 \rightarrow interphase nuclei: dots (3 to 10)



HEp-2 → mitotic cells: negative

CENTROMERE ANTIBODIES (CENP-B AB)

Autoantigen

Centromere B protein of 80 kDa, with centromeric DNA-associated proteins

Indirect immunofluorescence

HEp-2 → interphase nuclei: dots (46)

→ mitotic cells: punctate (like a zipper)

Confirmation tests

ELISA → ANAcombi, ANA Detect, ANAscreen,

Anti-Centromere-B

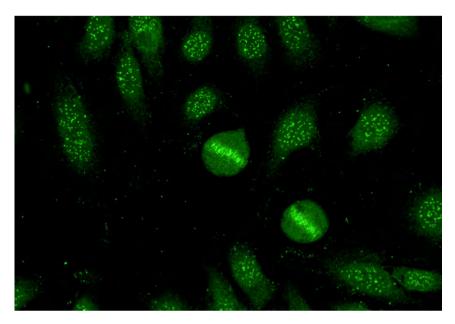
Immunoblot → ANA-9-Line, Nucleo-9-Line

Clinical relevance

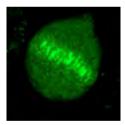
Diagnostic marker for systemic sclerosis Prognostic marker for systemic sclerosis Early diagnostic marker for sclerosis

Frequency

Systemic sclerosis \rightarrow 44% ⁽⁹⁾
Limited forms of sclerosis \rightarrow 57-82% ⁽²⁾
Diffuse forms of sclerosis \rightarrow 8% ⁽²⁾
PBC \rightarrow 21% ⁽¹⁰⁾



HEp-2 \rightarrow interphase nuclei: dots (46)



HEp-2 → mitotic cells: punctate

HEp-2 CELLS CYTOPLASMIC ANTIBODIES

- Jo-1 antibodies
- PL7, PL12 antibodies
- Ribosomal antibodies
- SRP antibodies

Jo-1 ANTIBODIES

Autoantigen

Histidyl-tRNA synthetase

Indirect immunofluorescence

HEp-2 → interphase nuclei: negative

 \rightarrow mitotic cells: negative

→ cytoplasm: diffuse granular fluorescence

Confirmation tests

ELISA \rightarrow ANAcombi, ANA Detect, ANAscreen,

Anti-Jo-1, ENA-6-Profile, ENAcombi,

ENAscreen

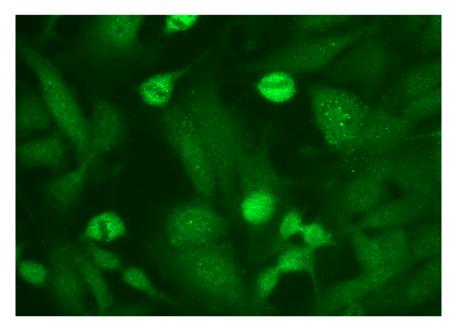
Immunoblot → ANA-9-Line, Myositis plus, Nucleo-9-Line

Clinical relevance

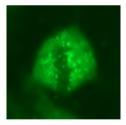
Diagnostic marker for idiopathic myositis Prognostic marker

Frequency

PM/DM \rightarrow 20% ⁽²⁾



HEp-2 → cytoplasm: diffuse granular → interphase nuclei: negative



HEp-2 → mitotic cells: negative

PL7, PL12 ANTIBODIES

Autoantigen

PL7: threonyl-tRNA synthetase PL12: alanyl-tRNA synthetase

Indirect immunofluorescence

HEp-2 → interphase nuclei: negative

→ mitotic cells: negative

 \rightarrow cytoplasm: diffuse, fine granular

Confirmation tests

Immunoblot → Myositis plus

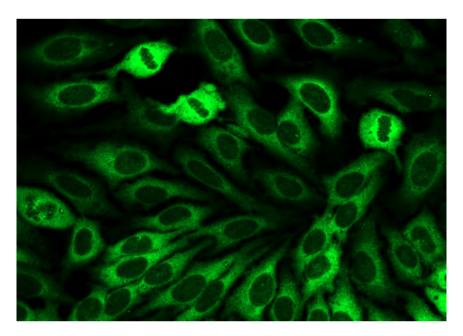
Clinical relevance

Diagnostic marker for idiopathic myositis

Frequency:

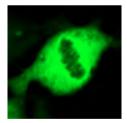
Myositis:

anti-PL7 \rightarrow 2% ⁽¹²⁾ anti-PL12 \rightarrow 1% ⁽¹²⁾



HEp-2 (anti-PL12)

- \rightarrow cytoplasm: diffuse, fine granular
- \rightarrow interphase nuclei: negative



HEp-2 → mitotic cells: negative

RIBOSOMAL ANTIBODIES (Rib-P ANTIBODIES)

Autoantigen

proteins of the ribosomal complex (ribosomal P proteins)

Indirect immunofluorescence

HEp-2 → interphase nuclei: nucleoli positive

→ mitotic cells: negative→ cytoplasm: fine granular

Confirmation tests

ELISA \rightarrow Anti-Rib-P

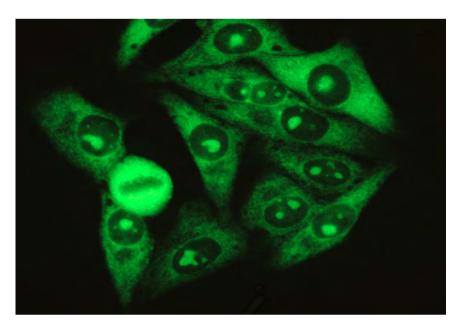
Immunoblot → ANA-9-Line, Myositis plus

Clinical relevance

Diagnostic marker for SLE

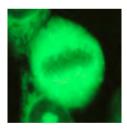
Frequency:

SLE \rightarrow 15% ⁽¹⁾



HEp-2 \rightarrow cytoplasm: fine granular

 \rightarrow interphase nuclei: nucleoli positive



 $\textbf{HEp-2} \ \to \text{mitotic cells: negative}$

SRP ANTIBODIES

Autoantigen

Signal recognition particle

Indirect immunofluorescence

HEp-2 → interphase nuclei: negative

→ mitotic cells: negative

→ cytoplasm: diffuse finely granular

Confirmation tests

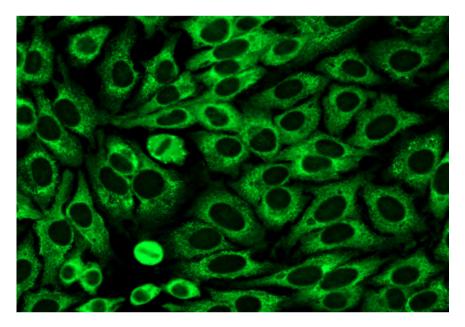
Immunoblot → Myositis plus

Clinical relevance

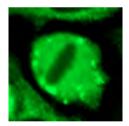
Diagnostic marker for polymyositis Prognostic marker

Frequency

Polymyositis $\rightarrow 5\%^{(2)}$ Dermatomyositis $\rightarrow 0\%^{(2)}$



HEp-2 → cytoplasm: diffuse fine granular → interphase nuclei: negative



HEp-2 \rightarrow mitotic cells: negative

KSL TISSUES

ANTIBODIES ON KIDNEY/STOMACH/LIVER TISSUES

- Antimitochondrial antibodies (AMA-M2)
- F-actin antibodies
- LKM-1 antibodies
- Parietal cell antibodies

ANTIMITOCHONDRIAL ANTIBODIES (AMA-M2)

Autoantigen

alpha-ketoacid dehydrogenase complex of the inner mitochondrial membrane (PDC-E2)

Indirect immunofluorescence

HEp-2 → interphase nuclei: negative

→ mitotic cells: negative

 \rightarrow cytoplasm: coarse granular

KSL (rat) → kidney: distal und proximal tubular cells

granular positive

→ stomach: parietal cells granular
 → liver: hepatocytes granular

Confirmation tests

ELISA \rightarrow AMA-M2

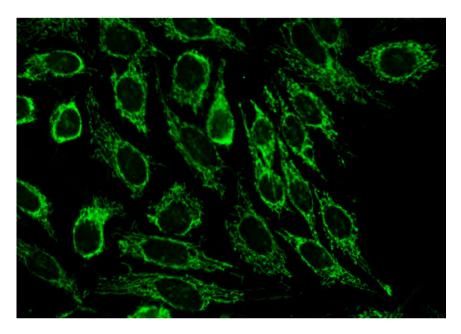
Immunoblot → Liver-9-Line, Myositis plus

Clinical relevance

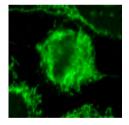
Diagnostic marker for PBC Early diagnostic marker for PBC

Frequency

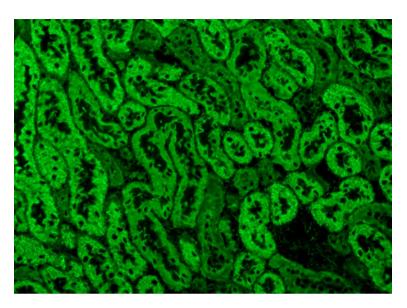
PBC \rightarrow 90-95% ⁽¹⁰⁾



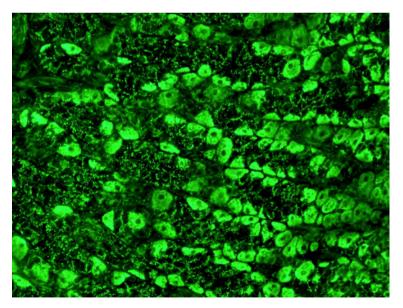
HEp-2 → cytoplasm: coarse granular → interphase nuclei: negative



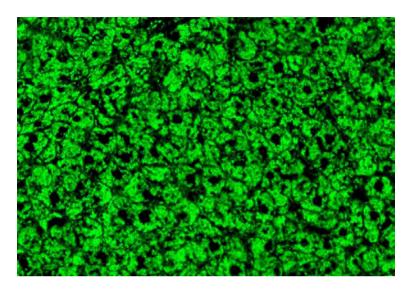
HEp-2 \rightarrow mitotic cells: negative



 $\textbf{KSL} \hspace{0.5cm} \rightarrow \text{kidney (rat): distal and proximal tubular cells granular } \hspace{0.1cm} \text{positive}$



KSL \rightarrow stomach (rat): parietal cells granular



KSL → liver (rat): hepatocytes granular

ACTIN ANTIBODIES

Autoantigen

F-actin 41 kDa

Indirect immunofluorescence

HEp-2 → interphase nuclei: negative

→ mitotic cells: negative

→ cytoplasm: fine granular to fibrous

KSL (rat) → kidney: glomeruli and vessels positive;

tubuli: needle-like, peritubular fluorescence

 \rightarrow stomach: muscle and interparietal septa

positive

Confirmation tests

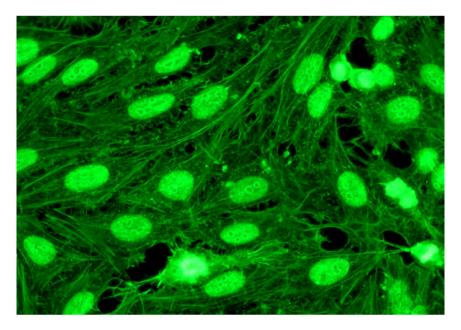
Immunoblot → Liver-9-Line

Clinical relevance

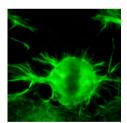
Diagnostic marker for AIH type 1 Prognostic marker

Frequency

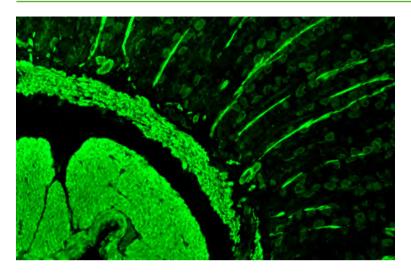
AIH type 1 (high titre) $\rightarrow 58\%^{(14)}$ **PBC** (low titre) $\rightarrow 8\%^{(14)}$



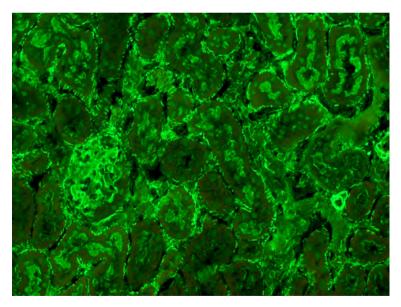
HEp-2 → cytoplasm: finely granular to fibrous → interphase nuclei: ANA positive possible for AIH type 1



HEp-2 \rightarrow mitotic cells: negative



 $\textbf{KSL} \qquad \rightarrow \text{stomach (rat): muscle and interparietal septa positive}$



KSL → kidney (rat): glomeruli und vessels positive; tubuli: needle-like, peritubular fluorescence

LKM-1 ANTIBODIES (LIVER/KIDNEY MICROSOMAL ANTIBODIES TYPE 1)

Autoantigen

Cytochrome P450 2D6

Indirect immunofluorescence

HEp-2 → interphase nuclei: negative

→ mitotic cells: negative→ cytoplasm: negative

KSL (rat) → kidney: proximal tubuli positive, distal

tubuli negative

→ stomach: negative

→ liver: hepatocytes positive

Confirmation tests

ELISA → Anti-LKM-1

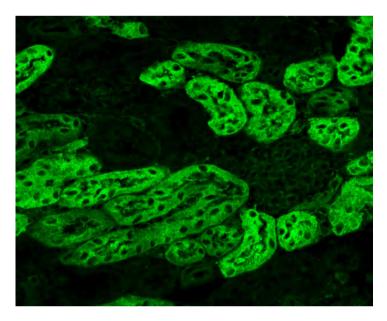
Immunoblot → Liver-9-Line

Clinical relevance

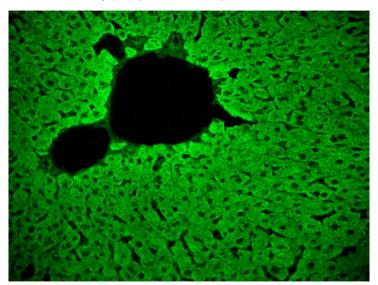
Diagnostic marker for AIH type 2

Frequency

AIH \rightarrow 3-4% ⁽¹³⁾



KSL → kidney (rat): proximal tubuli positive



KSL → liver (rat): hepatocytes positive

GASTRIC PARIETAL CELL ANTIBODIES (GPA ANTIBODIES)

Autoantigen

<u>Gastric parietal cell antigen</u> (alpha and beta subunits of gastric parietal cell H^{+}/K^{+} ATPase)

Indirect immunofluorescence

HEp-2 → interphase nuclei: negative

→ mitotic cells: negative

KSL (rat) → stomach: parietal cells clumpy positive

→ kidney: negative→ liver: negative

Confirmation tests

ELISA → Anti-Intrinsic Factor, Anti-Parietal Cell

Immunoblot → Gastro-5-Line

Clinical relevance

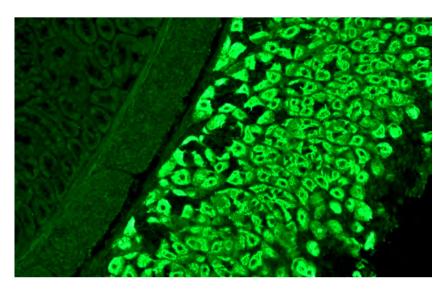
Diagnostic marker of pernicious anaemia (together with antibodies against intrinsic factor)

Early diagnostic marker for pernicious anaemia

Frequency

Pernicious anaemia:

GPA antibodies \rightarrow sensitivity 82% \rightarrow specificity 90% (11) **IF antibodies** \rightarrow sensitivity 37% \rightarrow specificity 100% (11) \rightarrow specificity 100% (11) \rightarrow specificity 100% (11)



KSL → stomach (rat): parietal cells clumpy

REFERENCE LIST

- 1. Benseler SM, Silverman ED. Systemic lupus erythematosus. *Rheum Dis Clin North Am.* 33, 471-98, vi (2007).
- 2. Self SE. Autoantibody testing for autoimmune disease. *Clin Chest Med.* 31, 415-422 (2010).
- 3. Theander E, Jacobsson LTH. Relationship of Sjögren's syndrome to other connective tissue and autoimmune disorders. *Rheum Dis Clin North Am.* 34, 935-47, viii-ix (2008).
- Dedeoglu F. Drug-induced autoimmunity. *Curr Opin Rheumatol* 21, 547-551 (2009).
- Simón JA, Cabiedes J, Ortiz E, Alcocer-Varela J, Sánchez-Guerrero J. Anti-nucleosome antibodies in patients with systemic lupus erythematosus of recent onset. Potential utility as a diagnostic tool and disease activity marker. Rheumatology (Oxford). 43, 220-224 (2004).
- Amoura Z et al. Presence of antinucleosome autoantibodies in a restricted set of connective tissue diseases: antinucleosome antibodies of the IgG3 subclass are markers of renal pathogenicity in systemic lupus erythematosus. Arthritis Rheum. 43, 76-84 (2000).
- 7. Tsangaridou E *et al.* Differential detection of nuclear envelope autoantibodies in primary biliary cirrhosis using routine and alternative methods.

 BMC Gastroenterol 10, 28 (2010).
- Zimmermann C et al. The concurrence of rheumatoid arthritis and limited systemic sclerosis: clinical and serologic characteristics of an overlap syndrome. Arthritis Rheum. 41, 1938-1945 (1998).

- 9. Cepeda EJ, Reveille JD. Autoantibodies in systemic sclerosis and fibrosing syndromes: clinical indications and relevance. *Curr Opin Rheumatol.* 16, 723-732 (2004).
- Muratori L, Granito A, Muratori P, Pappas G, Bianchi, FB.
 Antimitochondrial antibodies and other antibodies in primary biliary cirrhosis: diagnostic and prognostic value. Clin Liver Dis. 12, 261-76; vii (2008).
- Lahner E, Annibale B. Pernicious anemia: new insights from a gastroenterological point of view.
 World J Gastroenterol. 15, 5121-5128 (2009).
- Hengstman GJD, van Engelen, BGM, van Venrooij WJ. Myositis specific autoantibodies: changing insights in pathophysiology and clinical associations. Curr Opin Rheumatol 16, 692-699 (2004).
- 13. Alvarez F, Berg PA, Bianchi FB, Bianchi L, Burroughs AK, Cancado EL *et al.* International Autoimmune Hepatitis Group Report: review of criteria for diagnosis of autoimmune hepatitis. *J Hepatol.* 31, 929-938 (1999).
- Villalta, D. Diagnostic accuracy of four different immunological methods for the detection of anti-F-actin autoantibodies in type 1 autoimmune hepatitis and other liver-related disorders. *Autoimmunity*. 41, 105-110 (2008).
- 15. Hutter D, Silverman ED, Jaeggi ET. The benefits of transplacental treatment of isolated congenital complete heart block associated with maternal anti-Ro/SSA antibodies: a review. *Scand J Immunol.* 72, 235-241 (2010).

IMPRINT

Imprint

Author Barbara Fabian – GRÜNER CLUB AUTOIMMUN, ORGENTEC Diagnostika GmbH **Photos** Barbara Fabian – GRÜNER CLUB AUTOIMMUN, ORGENTEC Diagnostika GmbH

Graphic design Manfred Fabian – GRÜNER CLUB AUTOIMMUN, ORGENTEC Diagnostika GmbH **Media owner** GRÜNER CLUB AUTOIMMUN, ORGENTEC Diagnostika GmbH

2nd edition 2013

© 2013 for the book at the media owner

© 2013 for the photos: Barbara Fabian – GRÜNER CLUB AUTOIMMUN, ORGENTEC Diagnostika GmbH

All rights reserved. This work may not be translated or copied in whole or in part without written permission of the media owner. Use in connection with any form of information storage and retrieval, electronic adaption, computer software, or by similar or dissimilar methodology now known or hereafter developed is forbidden.

While the advice and information given in this book are believed to be true and accurate at the date of publishing, the author cannot accept any legal responsibility for any errors or omissions that may be made. The publisher makes no warranty, express or implied, with respect to the material contained herein.



The community GRÜNER CLUB AUTOIMMUN was founded in January 2011 by the German company ORGENTEC Diagnostika.

The intention of this club is to improve communication and exchange of experiences between individuals working in the field of autoimmunity. Good collaboration between laboratories, clinicians, and companies leads to an improvement in autoimmunity results. This should also increase the influence of autoimmunity results in clinical diagnostics.

The platform for this exchange of information is a protected website. The site will provide information about autoantibodies, diseases, and diagnostics. In addition, there is a forum for technical questions and answers. Immunofluorescence images from interesting and unusual cases will also be presented.

The club offers workshops for continuing education. Interesting topics are presented so as to cover both theory and practice to serve the exchange of knowledge between co-workers.

The goal is to improve the quality of products used and the results obtained.

GRÜNER CLUB AUTOIMMUN Mittlerer Kirchberg 10 7100 Neusiedl am See, Austria www.der-gruene-club.at barbara.fabian@der-gruene-club.at