

PF-PTD-199





Synonyms

LDH

Clinical Indication

Serum LDH is increased in tissue damage and used to identify haemolytic anaemia. Mild to moderate increases usually reflect tissue destruction but very high levels (>2,000 IU/L) may be seen in patients with lymphoma or leukaemia and in certain cancers of ovary or testis. Some solid tumours (e.g. lung, colon, stomach) may occasionally produce directly very high levels of LDH.

Monitoring of therapy in lymphoma or leukaemia as a marker of cell proliferation. LDH may also be used as a marker is some cases of ovarian and testicular germ cell tumours and assessment of melanoma and renal cell carcinoma.

Part of Profile / See Also

Request Form

Combined Pathology manual Blood form or ICE request On request if specific criteria met.

Availability / Frequency of

Analysis

Turnaround Time

Patient Preparation

None required

Same day

Sample Requirements

Specimen Type

Serum and plasma

Volume

1 ml

Acceptable Containers



Yellow top (SST) tube



Green top (lithium-heparin) tube



paediatric orange top (lithium-heparin)



paediatric green top (lithium-heparin)

Plain serum samples may also be used.



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Reference Range & Units

Age	LDH (u/L)
0 - 5 days	<1732
6 days - 6 months	<975
7 months - 6 years	<615
>6 years and the adult range	240 – 480

Reference: Beckman kit insert.

Interferences

Haemolysis will artificially increase levels.

Interpretation & Clinical

Decision Value (if applicable)

In patients on chemotherapy who are receiving granulocyte colony stimulating factor, LDH levels may increase in parallel with white cell count and should not be taken as evidence of worsening malignancy.

Increased levels of LDH may occur in a number of benign conditions including skeletal muscle disease, myocardial infarction, pernicious anaemia, thalassaemia and pulmonary embolism.

References

Beckman kit insert

Test code

LDH

Lab Handling

Analysed from primary tube and stored at 4°C. Serum and plasma samples stable for 4 days at 4°C.