Myositis Antibodies

Synonyms	Synthetase antibodies, dermatomyositis antibodies
Clinical Indication	Myositis, Inflammatory Myopathies, including Dermatomyositis (DM), Juvenile Myositis (JM/JDM) or Polymyositis (PM) and Inclusion Body Myositis (IBM) The primary assay for Polymyositis or Dermatomyositis is the ANA by HEp2 or CTD screen. It is essential to provide relevant clinical information.
Part of Profile / See Also	CTD screen, Anti-nuclear antibody, ENA screen, HEp2
Request Form	Combined Pathology manual blood form or ICE request
Availability / Frequency of Analysis	Referred test: Analysed by Sheffield Protein Reference Unit - 8494
Turnaround Time	28 days
Patient Preparation	No special preparation is required.
Sample Requirements	*Please note a separate sample is required when Immunology tests are requested in addition to Biochemistry tests*
Specimen Type	Serum
Volume	7 ml
Container	 Yellow top (SST) tube  Paediatric yellow Top (SST) tube
Reference Range & Units	Results are reported as Positive or Negative.
Interferences	
Interpretation & Clinical Decision Value (if applicable)	Detection of autoantibodies to a family of aminoacyl-tRNA synthetases: Jo-1, PL-7, PL-12, SRP, Ku, Mi-2-alpha, Mi-2-beta, TIF-1- gamma, MDA5, NXP2, SAE1, Pm-Scl-100, Pm-Scl-75, EJ, OJ and Ro-52. Jo-1 antibodies are found in 20-40% of patients with myositis, commonly in association with interstitial lung disease and arthralgia. These antibodies may also be detected by the CTD and ANA screens. PL-7 and PL-12 are associated with polymyositis and dermatomyositis and anti-synthetase syndrome (ASS), a spectrum of myositis, interstitial pneumonia, non-erosive arthritis, fever and Raynaud's phenomena. PL-12 may also be associated with lung disease in the absence of clinically apparent myositis. SRP antibodies are found in ~5% of cases of polymyositis and dermatomyositis. They are also markers for necrotising myopathy. Ku antibodies are seen in several diseases including systemic lupus

	erythematosus (SLE), mixed connective tissue disease, scleroderma, polymyositis/scleroderma overlap syndrome and pulmonary hypertension. They are of limited diagnostic value. Mi-2 antibodies are typically found in those with steroid-responsive dermatomyositis. They are invariably of high tire and do not vary during the course of the disease or treatment. Pm-Scl antibodies are found in 50-70% of patients with polymyositis/scleroderma overlap syndrome. Pm-Scl75 is found in 8% of those with myositis, 3% of those with systemic sclerosis and 25% of those with scleroderma/myositis overlap syndrome. Pm-Scl100 is not as strongly associated with systemic sclerosis as Pm-Scl75. EJ and OJ antibodies are markers for polymyositis and can also be seen in interstitial lung fibrosis, overlap syndrome, arthritis and Raynaud's syndrome. TIF-1-gamma antibodies can be seen in patient with cancer-associated myopathy MDA5 antibodies are detected in 13-26% of dermatomyositis cases. NXP2 antibodies can be associated with juvenile polymyositis and dermatomyositis; in adults they made be associated with breast, uterine or pancreatic carcinoma. SAE1 antibodies are markers for dermatomyositis Ro-52 antibodies can be seen in Sjogren's syndrome, SLE, cutus lupus erythematosus, neonatal lupus and primary biliary cirrhosis.
References	https://sheffieldlaboratorymedicine.nhs.uk/search-test.php?search=3328
Test code	NJO1
Lab Handling	Aliquot and store at 4-8°C prior to testing and at -20°C or below for up to 1 month after receipt.

UKAS MEDICAL
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