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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

PATIENT REPORT

Patient Age/Sex: 67 years Male

Specimen Collected: 23-Nov-19 18:30

Cutaneous Direct IF, Biopsy |Received: 02-Dec-19 09:15 Report/Verified: 04-Dec-19 16:11

Procedure	Result	Units	Reference Interval
Cutaneous Direct IF,Biopsy	See Note f1 @1		
EER Cutaneous Direct IF,Biopsy	See Note f2		

Result Footnote

f1: Cutaneous Direct IF, Biopsy
IMMUNODERMATOLOGY REPORT

Specimen(s):
1. Left leg, punch

Clinical/Diagnostic Information:
No clinical information provided.

DIAGNOSTIC INTERPRETATION

Positive findings by direct immunofluorescence

(See Results and Comments)

RESULTS
IgG: Negative

IgG4: Negative

IgM: Rare cytoids along basement membrane zone

IgA: Weak diffuse/homogenous vascular staining

C3: Few grains along basement membrane zone and in focal superficial and upper dermal blood vessels

Fibrinogen: 2+ deposition around superficial dermal blood vessels and focal deposition on dermal connective tissue fibers

COMMENTS
By direct immunofluorescence, there is staining of superficial and some upper dermal blood vessels for C3 with prominent perivascular deposition of fibrinogen. Given the location on the leg, this may represent non-specific changes related to stasis; however, in the absence of correlative clinical or histopathologic information, an inflammatory vascular injury/vasculitis cannot be entirely excluded. I would recommend correlation with histopathologic examination of formalin-fixed tissue to exclude features of a leukocytoclastic vasculitis. In addition, a repeat biopsy for direct immunofluorescence studies, taken from fresh lesional tissue (< 48 hours old) may provide additional diagnostic information as immunoglobulin in antibody-mediated vasculitis can be degraded in more established lesions.

There are no features of immunobullous disease including pemphigus, pemphigoid, linear IgA disease or dermatitis herpetiformis.

TESTING METHODS

Result Footnote

f1: Cutaneous Direct IF, Biopsy
The specimen is sectioned and stained with fluorescein-conjugated antibodies to IgG, IgG4, IgM, IgA, C3, and fibrinogen, which are Analyte Specific Reagents (ASRs). ASRs are used in many laboratory tests necessary for standard medical care, and, generally, do not require Food and Drug Administration (FDA) approval. IgG4 subclass staining is performed because IgG4 reactivity may be more sensitive than IgG in some immune-mediated diseases. Negative control serial sections exposed to bovine serum albumin without antibody and a technically adequate hematoxylin and eosin-stained slide are prepared and examined for comparison to specific staining and for morphological orientation and features. This test was developed and its performance characteristics determined by the Immunodermatology Laboratory at the University of Utah. It has not been cleared or approved by the U.S. FDA. This testing should not be regarded as investigational or for research only.

John J Zone, MD
Immunodermatologist
Electronically signed 12/3/2019 3:08:40PM

f2: EER Cutaneous Direct IF, Biopsy
Access ARUP Enhanced Report using either link below:

Performing Locations

@1: This test was performed at:
Immunodermatology Laboratory, 417 S. Wakara Way Suite 2151, Salt Lake City, UT, 84108- , USA

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab