



Clinical Description of Patients with Cytoplasmic Discrete Speckles on Indirect Immunofluorescence in HEp-2 Cells in a University Hospital

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Background: Cytoplasmic Discrete Speckled (CDS) pattern is an unusual finding on Indirect Immunofluorescence (IIF). It's clinical value is unknown. This pattern comprises several antigens distributed in the endosomes (Early endosome antigen 1, cytoplasmic linker protein-170 [CLIP-170], and lysobiphosphatidic acid), lysosomes (H-LAMP antigens) and GW bodies (Antigen GW182, decapping enzymes, exonucleases).

Purpose: To describe clinical characteristics and associated antibodies of patients with CDS pattern on IIF.

Methods:

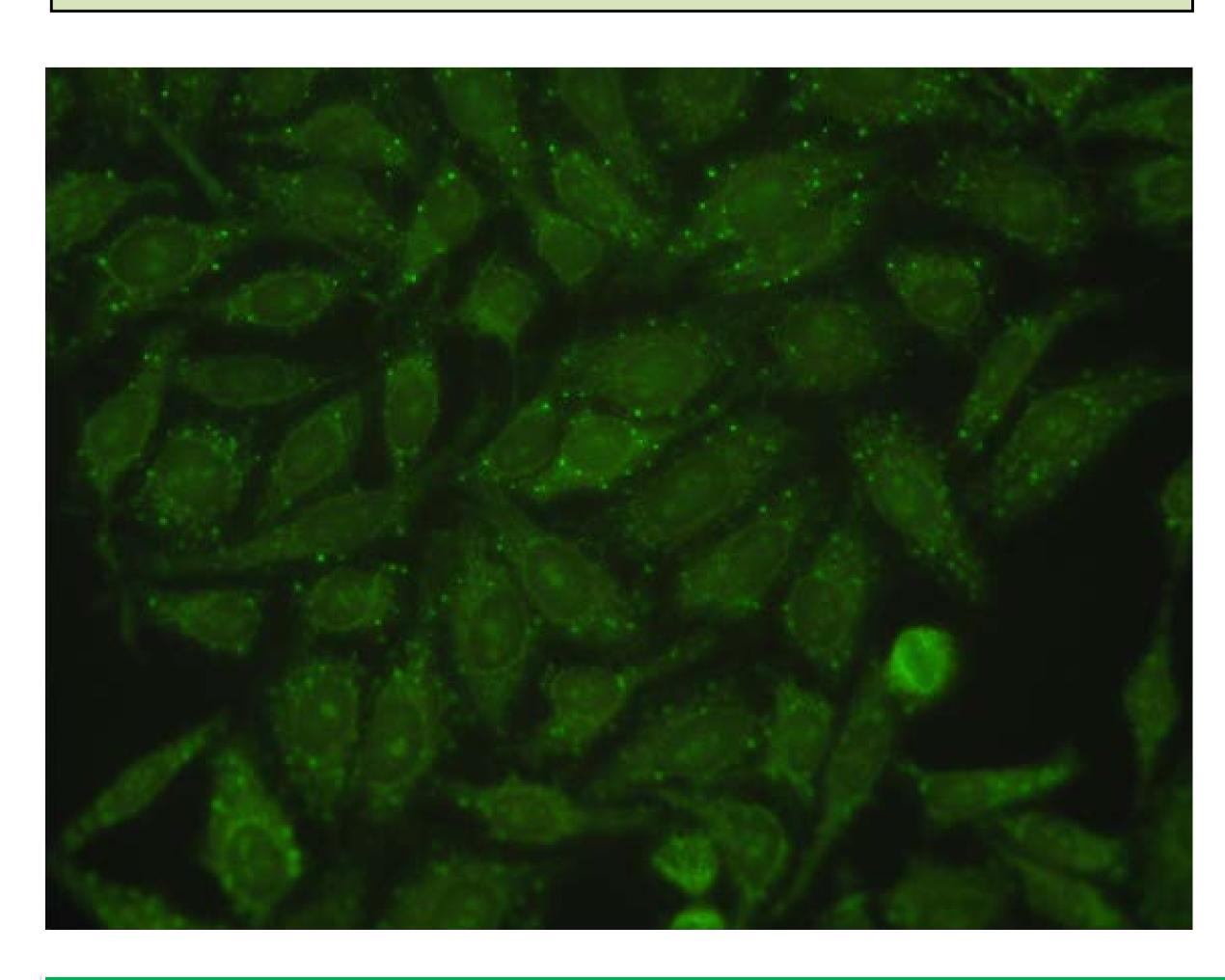
Retrospective descriptive study.

We included all patients with CDS pattern on IIF in HEp-2 cells with a titer equal to or greater than 1/80, using a database of all

IIF performed in a referral laboratory of a university hospital (CEMIC) between 2007

and 2015.

We analyzed demographical and clinical information available on their clinical records, including sex, age, past medical history (Table 1) and additional relevant laboratory results (Table 2)



Tab	Table 1 – Demographics and Clinical description								
N°	Age	Sex			Past Medical History				
				Nuclear					
			Titer	Titer					
1	81	Fem	1/1280	Negative	Primary Hyperparathyroidism				
2	70	Fem	1/1280	1/1280	Scleroderma, Cor Pulmonale, gout, hypothyroidism*				
3	69	Fem	1/1280	Negative	Hashimoto Thyroiditis, 3 miscarriages				
4	62	Fem	1/1280	Negative	None				
5	56	Fem	1/1280	Negative	None				
6	52	Fem	1/1280	Negative	None				
7	70	Fem	1/640	Negative	Hypothyroidism *, Brain tumor				
8	66	Fem	1/640	1/640	Hashimoto thyroiditis, Polymyalgia Rheumatica				
9	66	Fem	1/640	Negative	None				
10	53	Fem	1/640	-	Undifferentiated connective tissue disease				
11	50	Fem	1/640	Negative	Discoid Lupus, Psoriasis, COPD				
12	60	Fem	1/320	Negative	Dermatomyositis				
13	59	Fem	1/320	Negative	Hashimoto Thyroiditis, 3 miscarriages				
14	52	Fem	1/320	Negative	Hashimoto Thyroiditis, 3 miscarriages				
15	51	Fem	1/320	1/640	Sjögren Syndrome, Hypothyroidism (Non Hashimoto)				
16	72	Fem	1/80	Negative	Hypothyroidism *, COPD				
17	71	Fem	1/80	Negative	Primary Hyperparathyroidism, Asthma				

* Antibodies lacking to define autoimmune etiology

Table 2 – Associated Antibodies

N°	RF	ССР	Sm	DNA	Scl 70	RNP	Ro	La	Jo-1	ACA	CRP	ESR
1	N	N	-	_	_	_	N	N	_	-	Normal	Norma
2	N	_	N	_	N	Ν	Ν	N	-	Y	High	High
3	N	_	_	N	_	_	-	_	_	_	Normal	High
4	-	_	-	_	_	_	N	N	-	-	_	_
5	N	N	N	N	_	-	N	N	_	-	Normal	Norma
6	N	_	N	N	_	_	N	N	-	-	High	High
7	N	-	-	N	_	_	-	-	-	_	_	High
8	N	-	N	-	_	N	Ν	N	-	_	High	High
9	N	-	-	-	_	-	N	N	-	_	Normal	Norma
10	N	Ν	N	N	_	N	N	N	-	-	High	Norma
11	N	-	N	N	_	-	Ν	N	-	-	Normal	High
12	-	-	N	-	_	Ν	Ν	N	Y	-	Normal	Norma
13	N	Ν	-	-	-	-	-	-	-	-	Normal	High
14	N	Ν	N	-	-	N	N	N	-	-	Normal	Norma
15	Y	-	-	-	-	-	Y	Y	-	-	Normal	Norma
16	-	_	_	_	_	-	-	-	_	_	Normal	Norma
17	N	_	_	_	_	-	-	_	_	-	Normal	High

RF: Rheumatoid Factor, CCP: Cyclic Citrulinated Peptide, ACA: Anti Centromere, CRP: C reactive Protein, ESR:

Results:

Total IIF between 2007-2015: 13.056 (positive IIF: 5.774)

Total CDS pattern: 21.

Exclusion: 4 patients (No clinical records available)

Prevalence: 0,36 %
Sex: Female 100%

Age: Median 62 years (Range 50-81)

Clinical relevance: 53% (9/17) of the patients had an autoimmune disease, being Hashimoto Thyroiditis (4/8) the most frequent one.



Erithrosedimentation Rate,

Poster Link

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