



Evaluation of patients with positive anti-mitochondrial antibody in laboratory conditions

To the Editor,

Anti-mitochondrial antibody (AMA) is a highly specific and sensitive test for primary biliary cirrhosis (PBC). It can also be detected as positive in connective tissue diseases, such as scleroderma, CREST, systemic lupus erythematosus, and Sjögren's syndrome (1). In general, HEp-2 cells are analyzed with immunofluorescence microscopic and/or extractable nuclear antigen (ENA) tests in rat liver and kidney tissues.

Recently, the increasing request for ENA tests used in the diagnosis of autoimmune diseases by rheumatology clinics has led to a frequent encounter with the AMA M2 positivity present in these tests. In this study, we aimed to retrospectively evaluate patients with AMA M2 detected as positive in microbiology laboratories.

Twenty-seven AMA M2-positive patients who had been studied between May 2012 and February 2013 in medical microbiology laboratory of Ministry of Health, Sakarya University Education and Research Hospital were included in the study. The immunoblot test (ANA profile 3 Euroline; Euroimmun, Germany) was studied at 1/100 dilution, according to the manufacturer recommendations. The immunoblot evaluations were performed by making use of a scanner (Canon ScanLide 100; Canon, Japan) and EurolineScan (Euroimmun, Germany) software.

Twenty-four of the AMA M2-positive patients were from rheumatology clinic, and 3 of those patients were from the gastroenterology clinic. Of those 24 patients who had been tested in the rheumatology clinic for AMA M2 due to polyarthritis etiology and were found as positive, 3 patients had rheumatoid arthritis, 2 had Sjögren's syndrome, 1 had SLE, and 1 patient had a diagnosis of Behçet's disease. There were no specific

rheumatologic diagnoses detected in other patients, and it was found that one of the patients had been directed to gastroenterology with a preliminary diagnosis of PBS and diagnosed as PBS. Cholestasis laboratory findings were present in 3 of 24 patients. Of the 3 patients from the gastroenterology clinic, 1 had primary biliary cirrhosis, and the other 2 had overlap syndrome diagnosis, and 2 patients had laboratory findings of cholestasis.

In a long-term study conducted by Metcalf JV et al. (2), where asymptomatic AMA-positive patients had been investigated, 24 of the 29 patients had histological findings compatible with primary biliary cirrhosis initially, and in their approximately 18-year follow-up, the cholestasis findings associated with the clinic and/or laboratory were shown to have occurred in all of these patients. Therefore, it is important to follow patients with AMA M2 positivity alone, in terms of PBS. In our study, we wanted to emphasize that the AMA positivity encountered in autoimmune tests requested by the different clinics was not followed up in general, and in fact, these patients should be directed to gastroenterology clinics.

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