

MEMORANDUM

To: All Physicians
From: Marvin Tesch, MD
Division Head, Immunology Laboratory
Date: April 18, 2013
Re: **TTF and IgA**

It is not necessary to order IgA when ordering TTG. From now on, if a lone IgA is ordered with TTG we will cancel the IgA order.

TTG is an IgA antibody and invalid results will be obtained when the patient is IgA deficient. However, our assay is self-monitoring which means it will check IgA levels itself. The process for measuring TTG is:

1. The instrument first checks for background IgA; if it is insufficient the result will flag and we will report the TTG as <7 U/ml with the comment.

“The instrument has flagged this patient with low serum IgA which invalidates the TTG result: We will do a serum IgA to confirm this findings and Gliadin (IgG) to further investigate Celiac Disease.”

2. IgA will be measured with an ultrasensitive assay and reported, and if the patient is truly deficient (<0.06 G/L) we will add an appropriate comment.
3. Gliadin (IgG) will be measured and reported and if it is abnormal, be accompanied by an appropriate comment.

Gliadin (IgG)

- Anti-Gliadin indicates sensitivity to Gliadin whereas TTG indicates Gliadin-induced tissue damage; hence, they are independent assays which may not correlate.
- It is less sensitive and specific than TTG (reported sensitivity is 87% and specificity is 96%)
- It will be done automatically if the instrument detects low IgA levels when measuring TTG; other indications include:
 - Known IgA deficient patient
 - Borderline TTG
- We do Gliadin once every two weeks
- Reference Range
 - Negative <7 U/ml
 - Equivocal 7 to 10 U/ml
 - Positive >10 U/ml

pc. Rosalie Richard
Brian Timmons
Bill Bylhouwer

