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Collection Date: 03-Sep-2013
Collection Time(s): 12:00 am
Sample Received: 10-Sep-2013
Reported On: 26-Nov-2013

Candida Antibodies and Antigen Panel

Accession Number : 111111

HealthCare Professional:

Client:
Sally Smith

Age: 48
DOB: 01-Oct-1964

Gender: F

Phone:

Phone:

Fax:

Analyte	Result	Status	Reference Ranges		
			No Reaction	Equivocal	High
Candida Antigen	14	No Reaction	< 200	200 - 800	> 800
Candida IgM	224	No Reaction	< 605	605 - 1736	> 1736
Candida IgA	539	No Reaction	< 844	844 - 2674	> 2674
Candida IgG	2905	High	< 968	968 - 2624	> 2624

Commentary (Semi-Quantitative ELISA)

Chronic exposure to Candida, especially when this yeast has colonized directly on or has become invasive into the mucosal tissues, can result in the elevation of specific antibodies in the IgG, IgA, and IgM classes (Candidiasis). This anti-Candida-specific antibody and Candida antigen evaluation is a screening test and results should be assessed in the light of the patient's medical history.

High levels of **specific IgG antibodies** against Candida species can be indicative of past or ongoing infections. The IgG antibodies represent the major class of human immunoglobulins and are evenly distributed throughout both our intra- and extravascular fluids. Note that specific IgG antibodies may persist for many years after an infection has been eradicated.

IgA antibodies, although representing only 15-20% of our human serum immunoglobulins, are the predominant antibody class found in seromucus secretions. High levels of specific IgA antibodies against Candida species as measured in serum are thought to be associated with mucosal epithelial, tracheobronchial, and genito-urinary candida infections.

IgM antibodies are confined in the body to our intravascular tissues and are generally regarded as the predominant immunoglobulins involved in early infections. Often, upon reinfection, IgM antibody levels may not be as elevated as in earlier infections.

The detection of **Candida antigen** in serum is evidence that mucosal and immunological barriers have been overwhelmed. The absence of Candida antigen does not necessarily rule out Candida as a principle pathogen, nor does it obviate the role of Candida in causing or exacerbating your patients problems.

Sera antibody values falling within the **Equivocal range** are considered indeterminant. A follow-up evaluation within 2 to 4 weeks on these patients is often indicated. Also note that this assay does not speciate Candida but is sensitive to various Candida species that are known to be pathological.

George Gillson MD, PhD
Medical Director

Note: The College of Physicians and Surgeons of Alberta considers IgG testing to be complementary medicine. Commentary is provided to clinicians for educational purposes and should not be interpreted as diagnostic or treatment recommendations. *General treatment suggestions may be found in the Rocky Mountain Analytical Resource Binder.

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