Lab Dept: Serology

Test Name: STRONGYLOIDES ANTIBODY, IGG

General Information

Lab Order Codes:	STRNG
Synonyms:	N/A
CPT Codes:	86682 – Antibody, helminth, not elsewhere specified
Test Includes:	Strongyloides IgG antibody reported as Negative, Equivocal or Positive.

Logistics

Test Indications:	To aid in the diagnosis and confirmation of patients for whom a clinical suspicion of Strongyloides infection exists. Results for this test should not be used without correlation to clinical history or other data. Strongyloidiasis is caused by the intestinal nematode, Strongyloides, as it migrates from the skin to the intestines. These nematodes may exist as free-living larvae in warm, moist tropical climates, or as non-infective larvae that pass in the stool of infected individuals and become infective while in the soil of temperate environments. Strongyloides larvae enter the body by penetrating the skin and are carried through blood vessels to the lungs. The larvae travel from the lungs to the trachea and the pharynx, where they are swallowed and enter the intestines via the duodenum and upper jejunum.
Lab Testing Sections:	Serology - Sendouts
Referred to:	Mayo Medical Laboratories (MML Test: STRNG)
Phone Numbers:	MIN Lab: 612-813-6280 STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	1 - 4 days
Special Instructions:	N/A

Specimen

Specimen Type: Blood

Container: SST (Gold, marble or red) tube

Draw Volume: 1.5 mL (Minimum: 1.2 mL) blood

Processed Volume: 0.5 mL (Minimum: 0.4 mL) serum

Collection: Routine venipuncture

Special Processing: Lab Staff: Centrifuge specimen. Remove serum and aliquot into a plastic screw-capped tube. Store and ship at refrigerated temperatures. Forward promptly.

Patient Preparation: None

Sample Rejection: Warm specimens; mild or gross lipemia; mild or gross icterus; bacterially contaminated; heat-inactivated; mislabeled or unlabeled specimen

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Interpretive

Reference Range:

All ages:	Negative

Critical Values: N/A

Limitations:

- False positive results may occur with other heminth infections, including prior exposure to Entamoeba histolytica, Ascaris, Taenia solium, Fasciola spp, Echinococcus spp, Shistosoma spp, and Toxocara (per assay manufacturer).
- This assay should not be used alone to establish a diagnosis of strongyloidiasis. Results should be correlated with other laboratory findings and through clinical evaluation.
- False negative results may occur during acute or localized infection. A single negative result should not be used to rule out infection.
- This assay should not be used to monitor response to therapy.
- The seroprevalence of IgG-class antibodies to Strongyloides stercoralis ranges from 0 to 6.1% in the United States.

Methodology: Enzyme-Linked Immunosorbent Assay (ELISA)

References: Mayo Medical Laboratories December 2017

Updates: 10/28/2015: Testing no longer forwarded to ARUP. Testing now performed onsite at MML. No longer reported with IV units, specimen requirements updated.
12/22/2017: Collection container update.