

CRITIQUE DE PUBLICATION

Antineuronal antibodies in sporadic late-onset cerebellar ataxia

K. Bürk · M. Wick · G. Roth · P. Decker ·
R. Voltz

Table 2 Characteristics of patients showing elevated VGCC Abs levels

Patient	Clinical diagnosis	Sex	Disease duration (years)	Anti-VGCC Abs concentration (pmol/l)	Imaging	Extracerebellar features
1	ILOCA	M	10	21.1	CA	Mild cognitive deficits, slowed saccades, spasticity, impaired proprioception, mild bladder dysfunction
2	ILOCA	F	18	22.9	CA	Action tremor
3	MSA-C	M	1	23.5	OPCA	Cogwheel rigidity, akinesia, severe autonomic dysfunction
4	ILOCA	F	13	29.6	CA	Spasticity, impaired proprio- and exteroception, mild bladder dysfunction
5	ILOCA	M	8	35.3	CA ^a	Pale discs, dysphagia
6	ILOCA	M	24	35.9	CA	Pale discs, double vision, hypacusis
7	MSA-C	F	1	43.1	OPCA	Autonomic dysfunction
8	MSA-C	F	7	69.6	CA	Dysphagia, rigidity, akinesia, severe autonomic dysfunction, impaired proprioception

^a CA + asymptomatic brainstem cavernoma

ILOCA Idiopathic late onset cerebellar ataxia; *MSA-C* multiple system atrophy of the cerebellar type; *CA* cerebellar atrophy; *OPCA* olivopontocerebellar atrophy

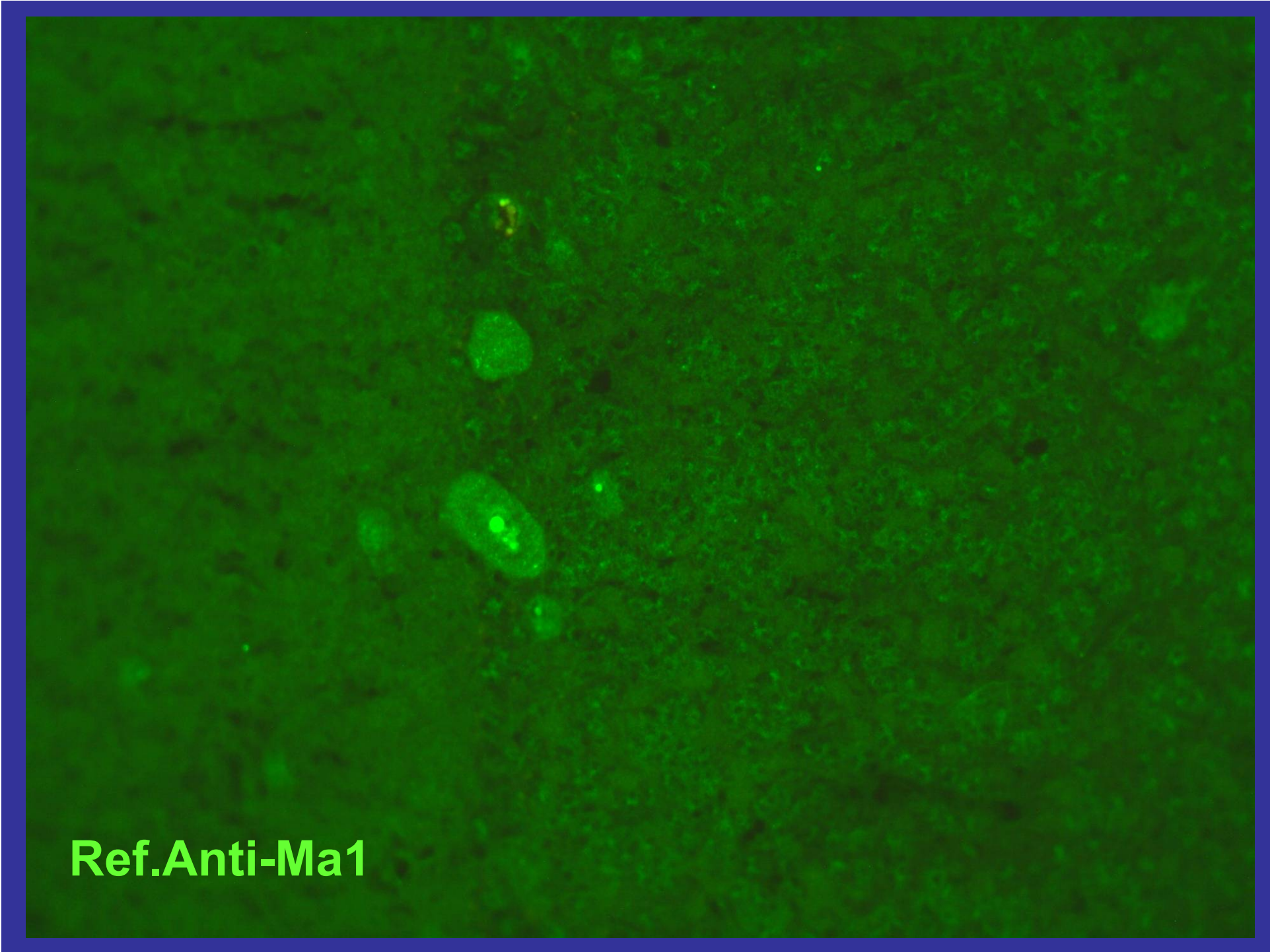
¹²⁵I-radioimmunoprecipitation assay (DLD Diagnostika Hamburg, Germany). The manufacturer set the cutoff for positivity at 20 pmol/l [4, 5].

DIFFICULTES DANS LA RECONNAISSANCE DES ANTICORPS ANTI-NEURONAUX Ma et Ta

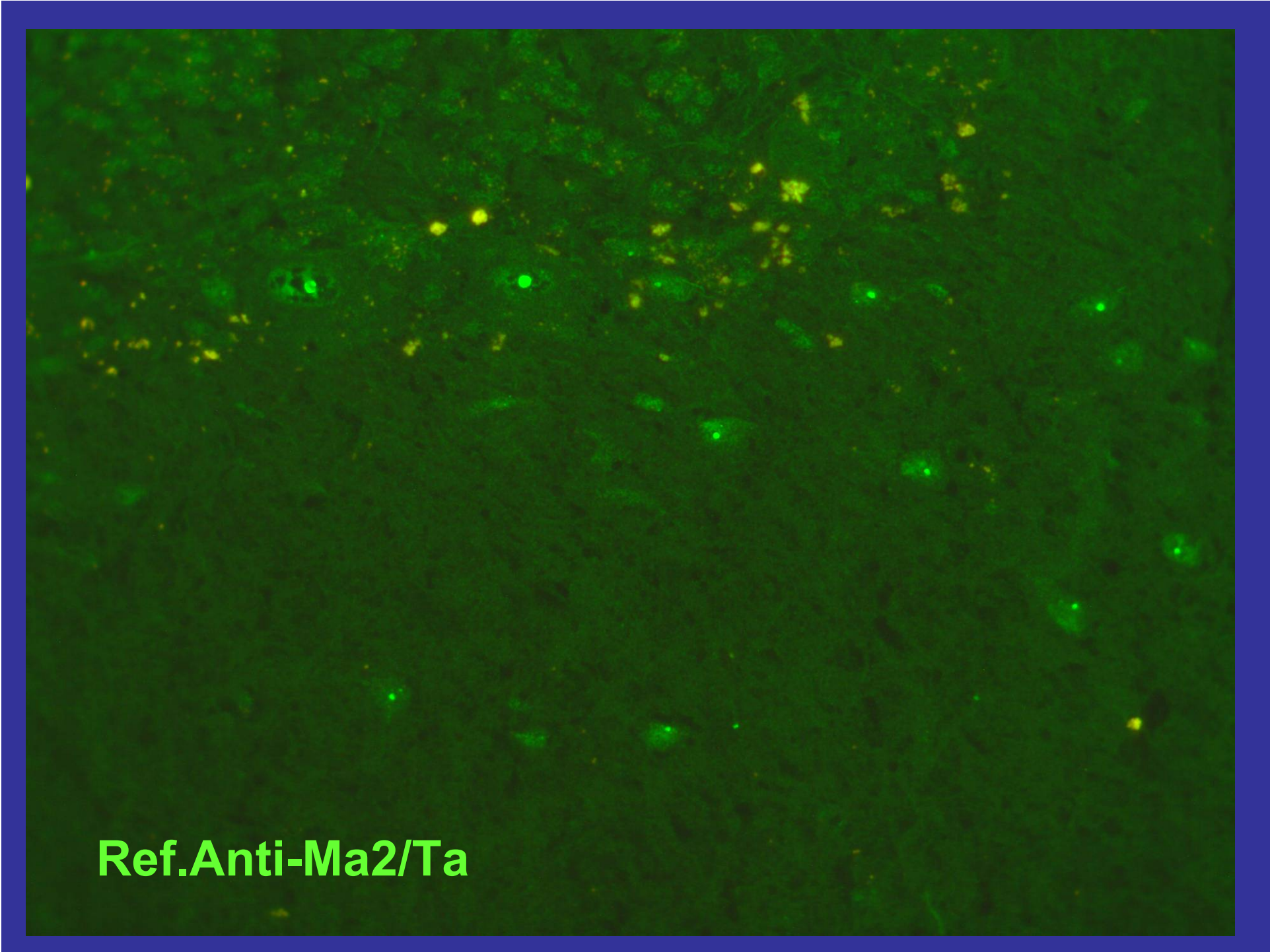
RL.HUMBEL et J.GOETZ



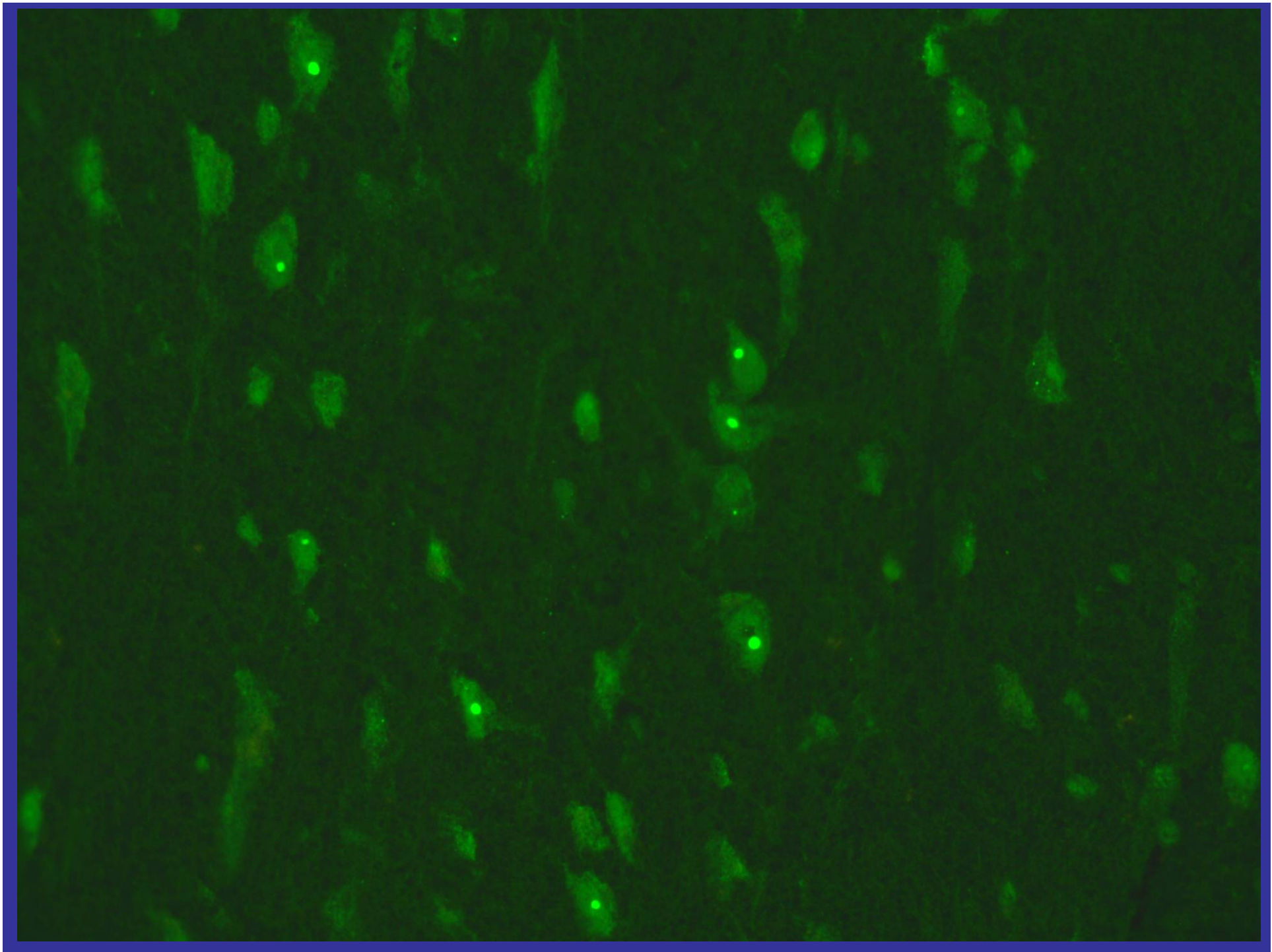
GEAI 25 mars 2011

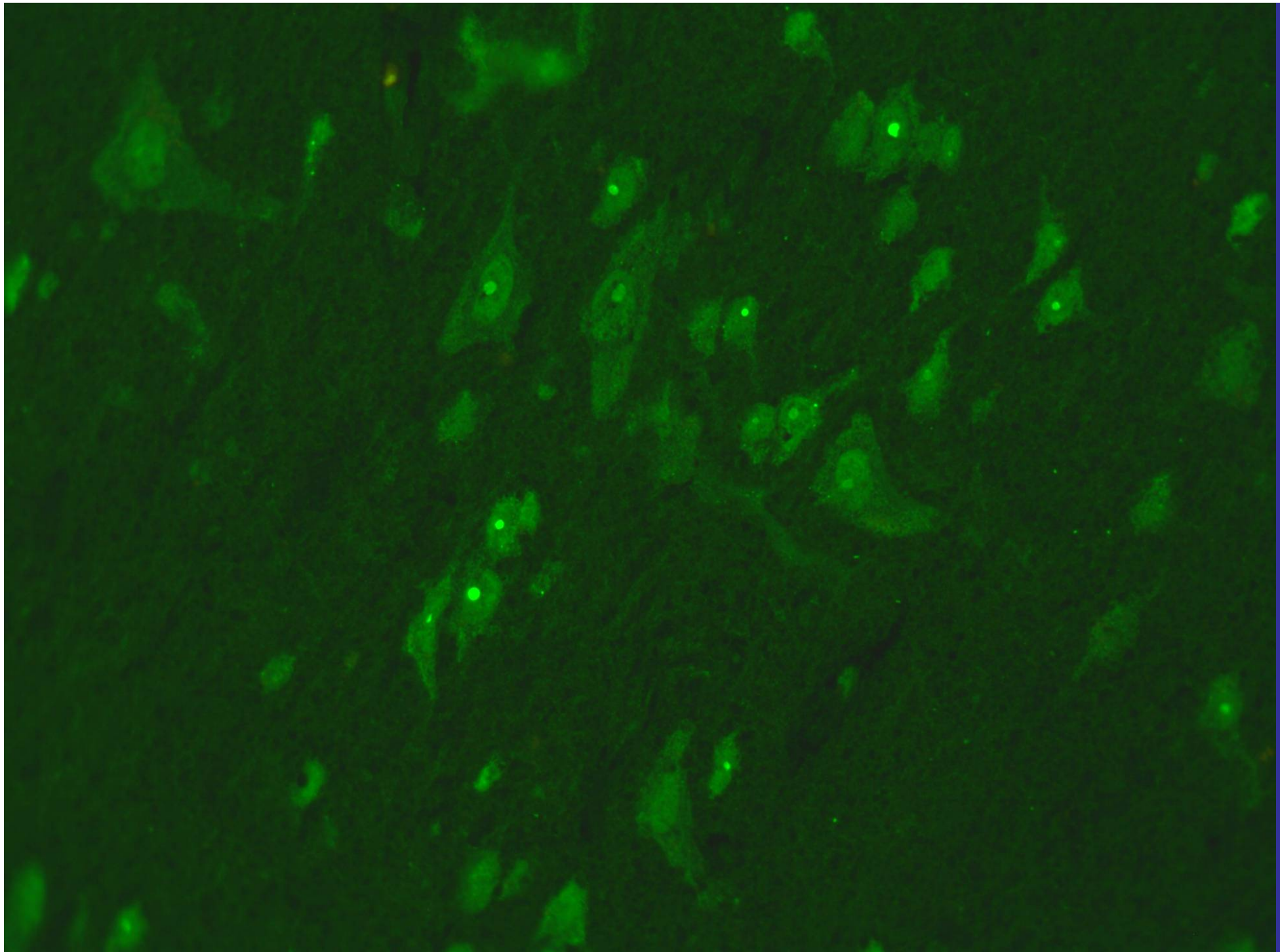
A fluorescence microscopy image showing several bright green fluorescent spots against a dark background. The spots are of varying sizes and shapes, with some appearing as small dots and others as larger, more elongated structures. The overall image has a grainy texture, typical of fluorescence microscopy. A blue border surrounds the image.

Ref.Anti-Ma1

A fluorescence microscopy image showing a dark field with numerous small, bright green and yellow spots. The spots are distributed across the field, with some appearing as distinct, bright points and others as more diffuse, yellowish-green clusters. The overall texture is grainy, typical of fluorescence microscopy. The image is framed by a thick blue border.

Ref.Anti-Ma2/Ta

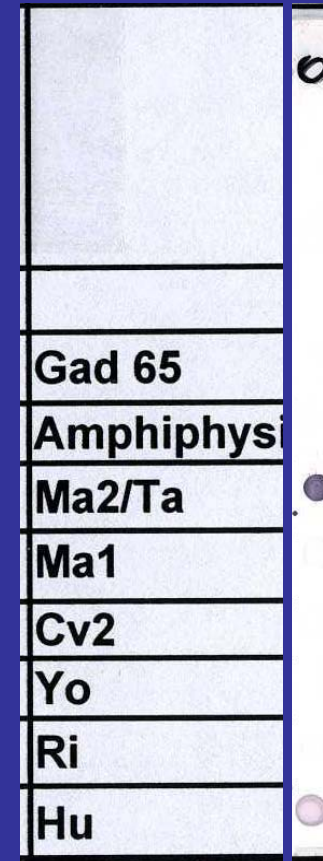




RAVO



LLIP



B. Fevrier 2011

ANTICORPS ANTI-RECOVERINE

METHODE DE DETECTION

PRESENTATION D'UN CAS

RL.HUMBEL et A.PORTMAN (CHU Rouen)

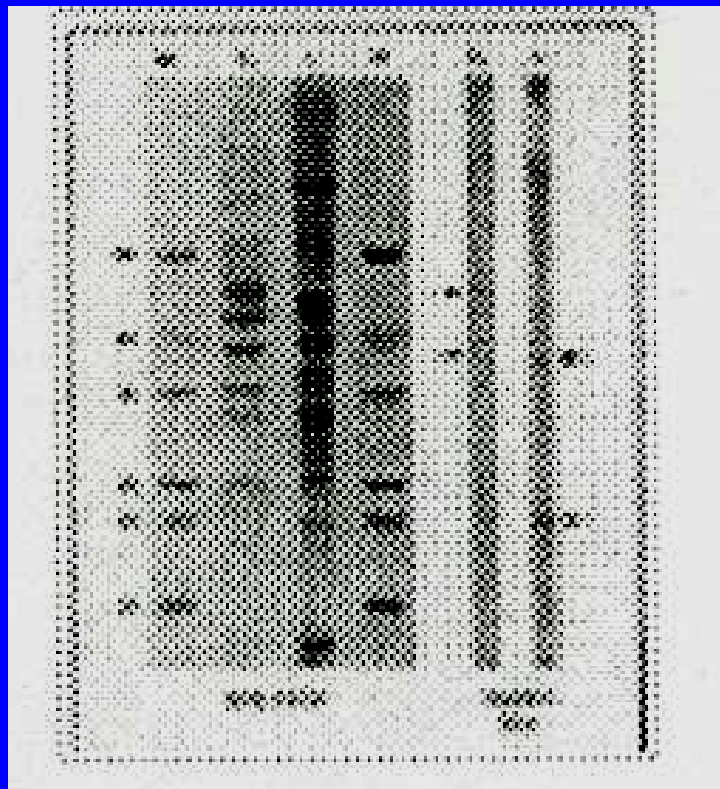


GEAI 25 mars 2011

Cancer-Associated Retinopathy (CAR Syndrome) with Antibodies Reacting with Retinal, Optic-Nerve, and Cancer Cells

Charles E. Thirkill, Ph.D., Paul FitzGerald, Ph.D., Robert C. Sergott, M.D., Alan M. Roth, M.D., Nancy K. Tyler, Ph.D., and John L. Keltner, M.D.

N Engl J Med 1989; 321:1589-1594 | December 7, 1989



Sodium Dodecyl Sulfate—
Polyacrylamide Gel
Electrophoresis (SDS PAGE)
and Western Blot Reactions of
Patient's Preplasmapheresis
Serum at a Dilution of 1:200
on Soluble and Insoluble
Fractions of Bovine Retina.

Investigative Ophthalmology & Visual Science, Vol. 33, No. 10, September 1992
Copyright © Association for Research in Vision and Ophthalmology

The Cancer-Associated Retinopathy Antigen is a Recoverin-Like Protein

Charles E. Thirkill, *Robert C. Tait, Nancy K. Tyler, Alan M. Roth, and John L. Keltner

Proc. Natl. Acad. Sci. USA
Vol. 92, pp. 9176–9180, September 1995
Medical Sciences

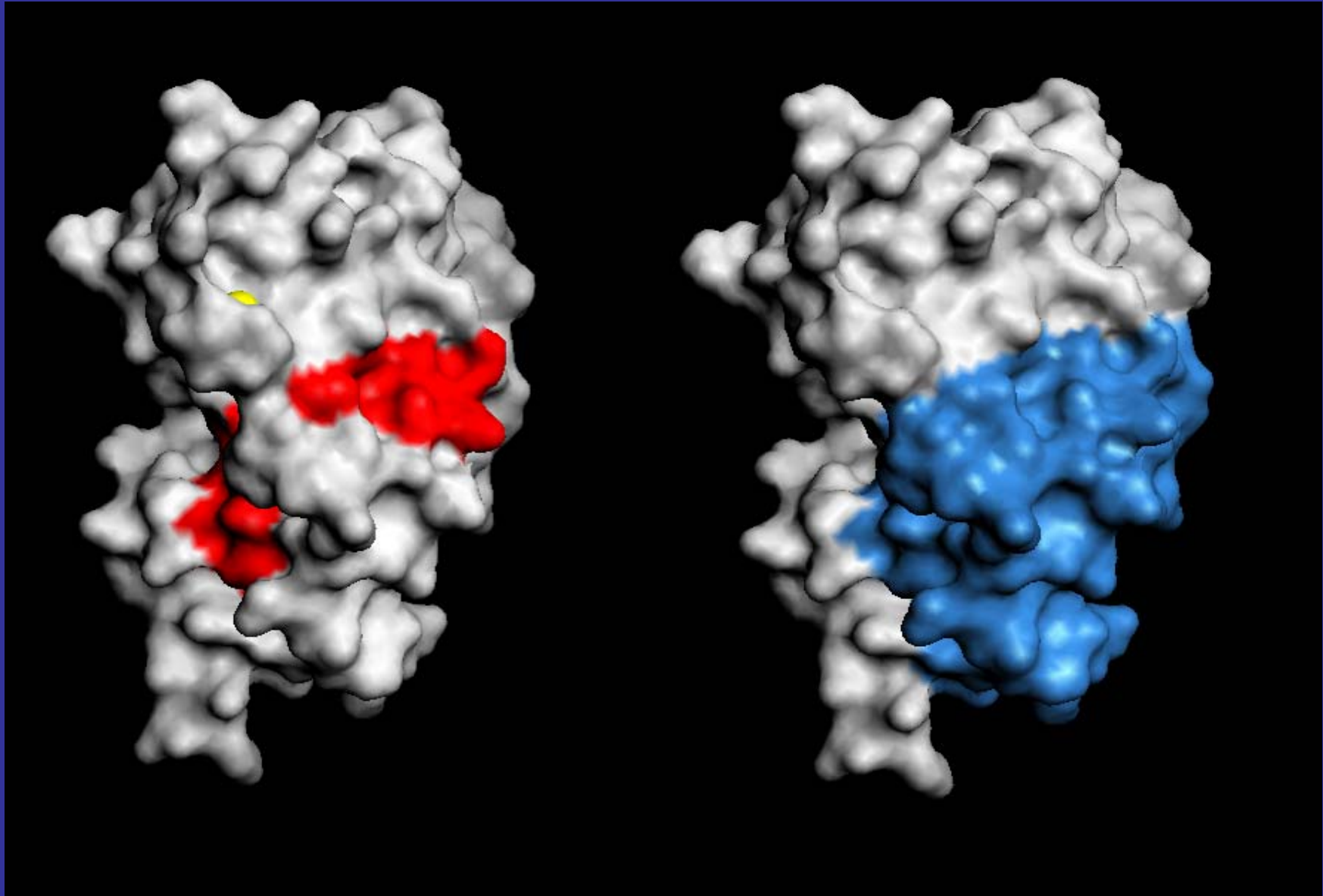
Recoverin, a photoreceptor-specific calcium-binding protein, is expressed by the tumor of a patient with cancer-associated retinopathy

ARTHUR S. POLANS*, DANUTA WITKOWSKA, TAMMIE L. HALEY, DRAKE AMUNDSON, LAWRENCE BAIZER,
AND GRAZYNA ADAMUS

R. S. Dow Neurological Sciences Institute, Legacy–Good Samaritan Hospital, Portland, OR 97209

Communicated by Lubert Stryer, Stanford University School of Medicine, Stanford, CA, June 13, 1995 (received for review February 6, 1995)

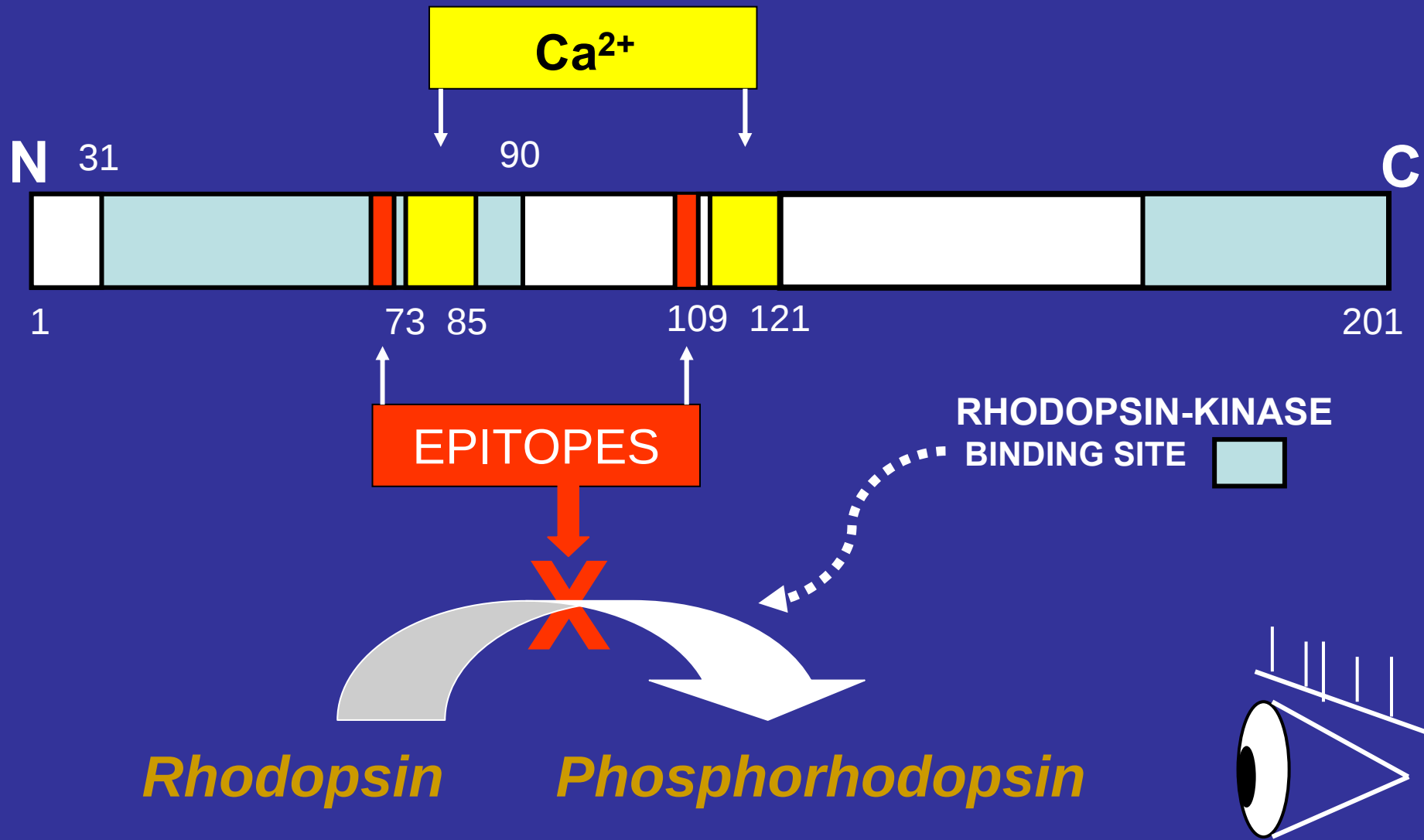
RECOVERIN



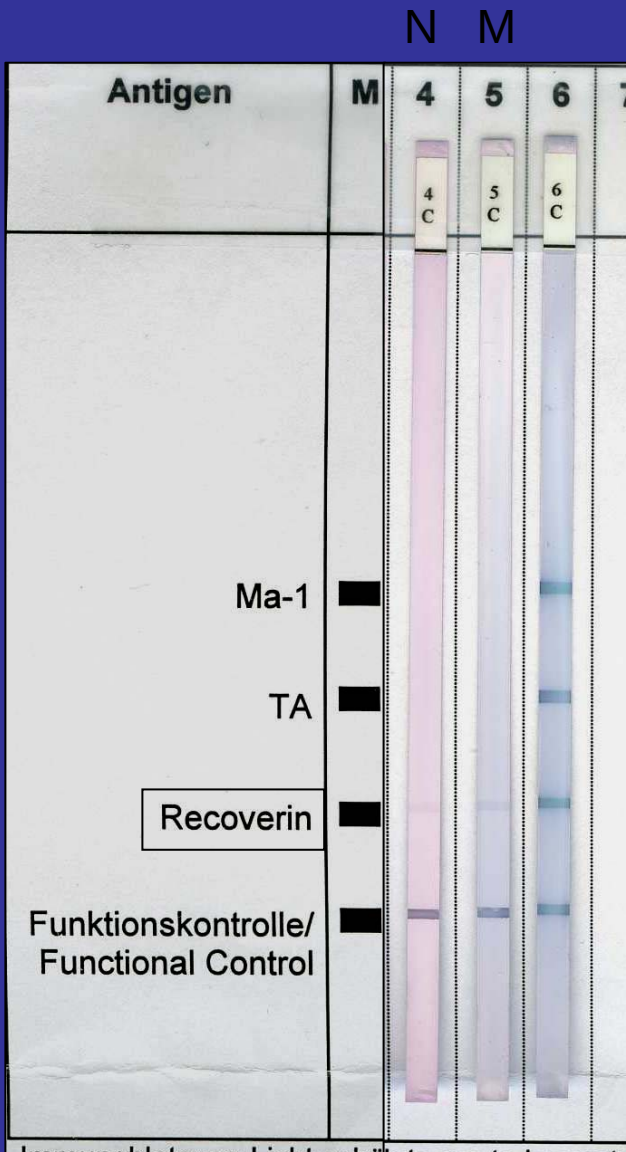
ANTIBODIES BINDING

RHODOPSIN KINASE BINDING

RECOVERIN

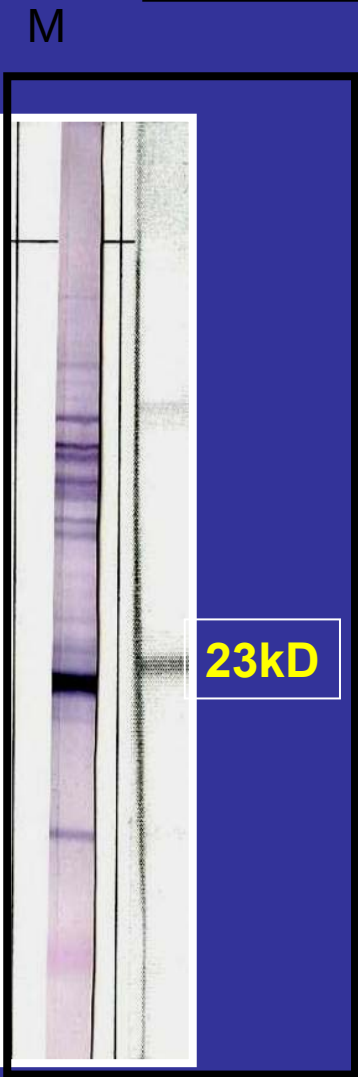


SERUM THIRKILL

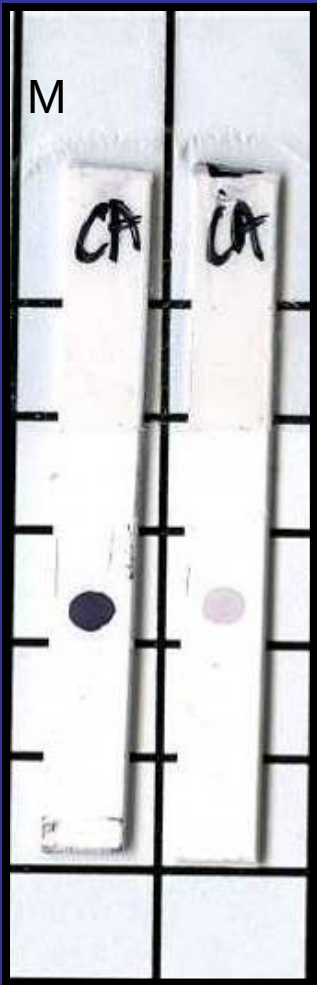


IMMUNODOT
RECOVERINE
RECOMBINANTE

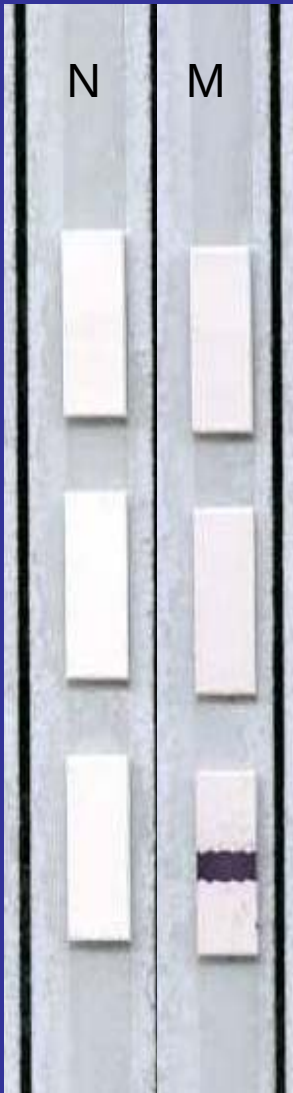
MILENIA/SELIG



WESTERNBLOT
EXTRAIT RETINE BOEUF



IMMUNODOT
RECOVERINE NATIVE



IMMUNODOT
RECOVERINE
RECOMBINANTE

EUROIMMUN

Cas de Mme

Femme de 64 ans

Consulte pour baisse de la vision aux 2 yeux

Vision de flamme persistant à la fermeture des yeux

Inflammation du vitré

Champ visuel : scotome central bilatéral

Acuité visuelle 2/10 à D et 4/10 à G

Electro-rétinogramme : Atteintes des photorécepteurs

RX thorax : Masse Pulmonaire

Biopsie Ganglion Médiastinal : Carcinome Pulmonaire
à petites cellules

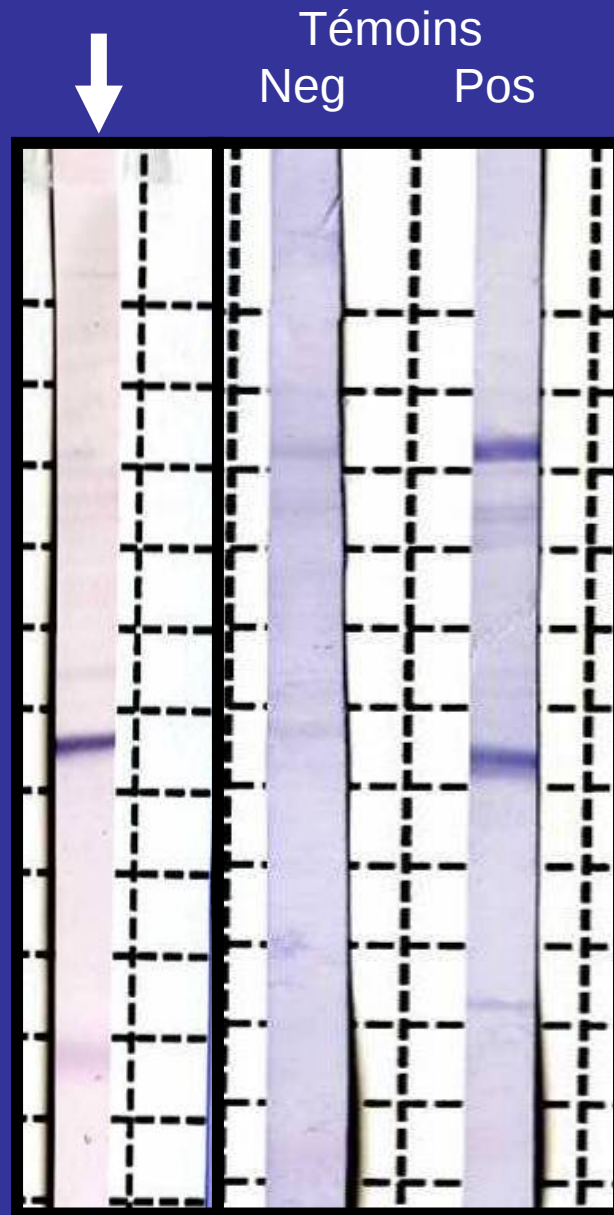
Chimiothérapie

Corticoides Stabilisation de l'acuité visuell

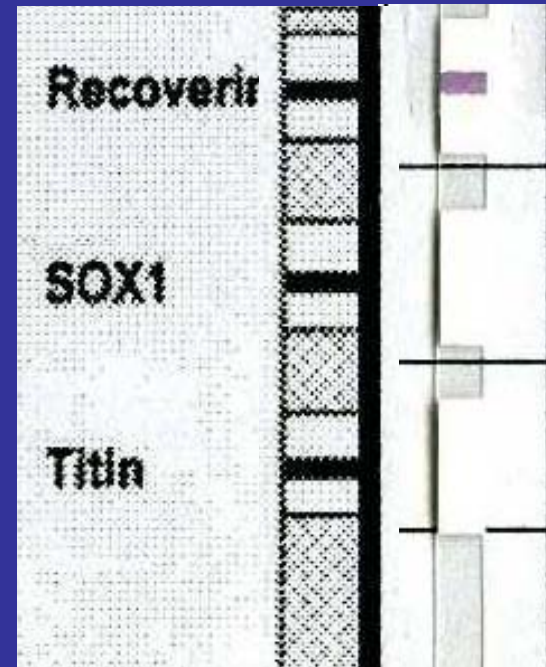


Arrestine

**CAR
ANTIGEN**



WESTERNBLOT EXTRAIT RETINE BOEUF



**IMMUNODOT
RECOVERINE RECOMBINANTE
EUROIMMUN**

DETERMINATION DES ANTICORPS ANTI-MBG DANS LE SUIVI D'UNE MALADE

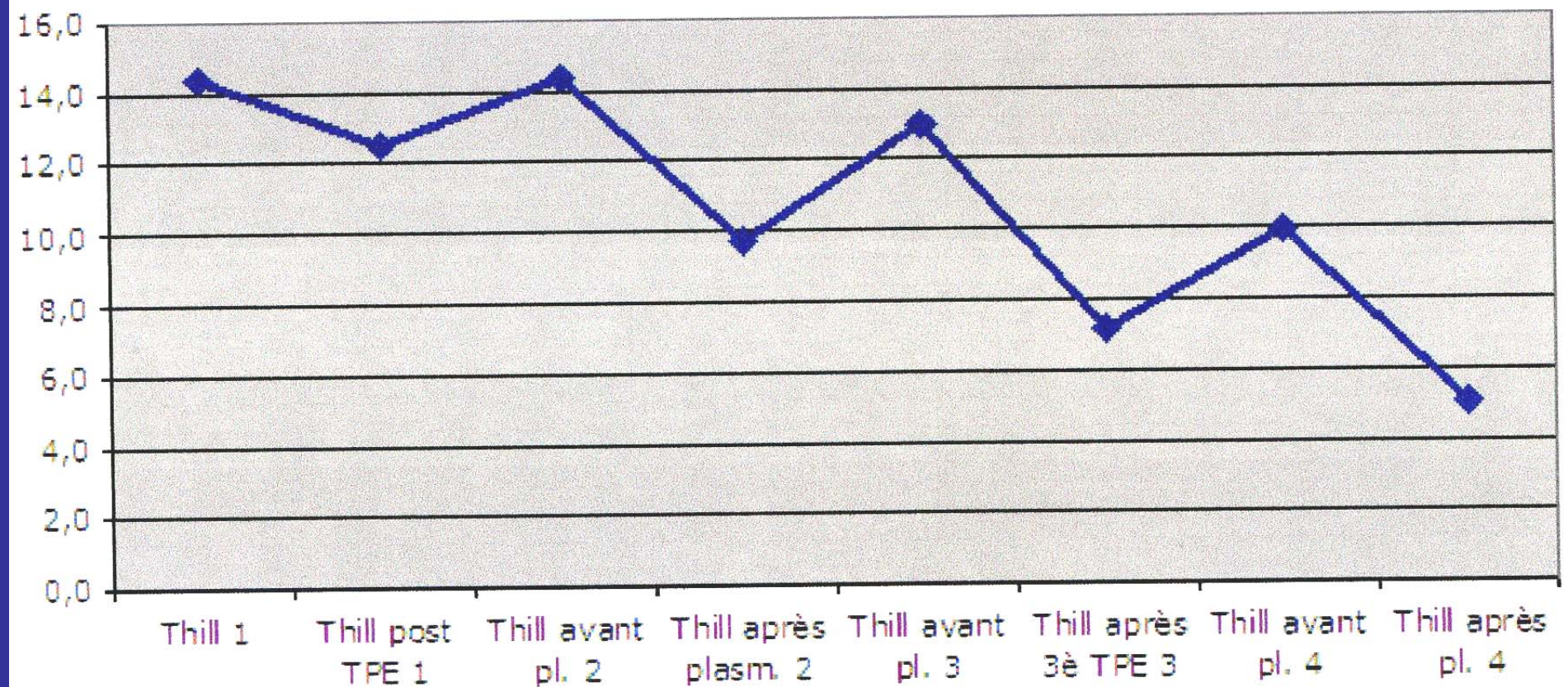
RL HUMBEL et L.TESTE



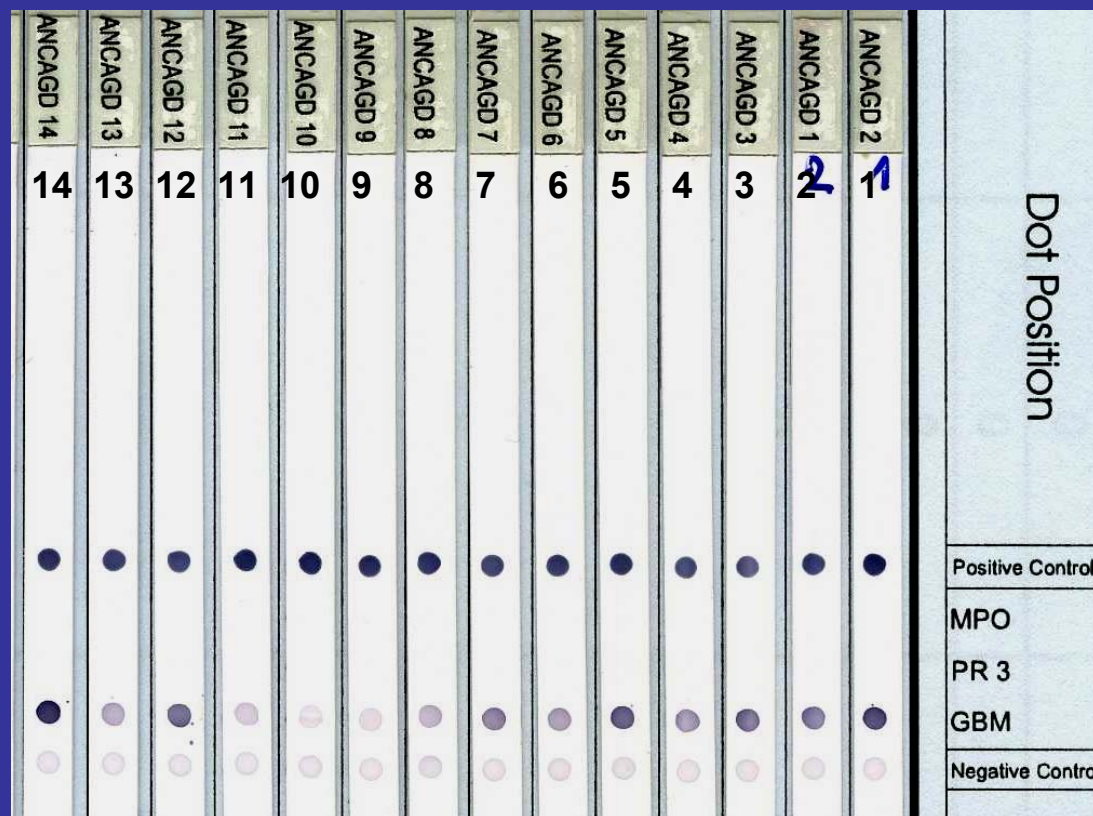
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ANTI – GLOMERULAR BASEMENT MEMBRANE ANTIBODIES

BIOPLEX



ANTI – GLOMERULAR BASEMENT MEMBRANE ANTIBODIES



Plasmapheresis

Patient 1

DOT BIOPLEX

1.	79	14.4
2.	59	12.5
3.	81	14.4
4.	49	9.7
5.	72	12.2
6.	37	7.1
7.	60	9.9
8.	24	5.0
9.	0	0.5
10.	0	0.5
11.	13	0.7
12.	71	2.2
13.	31	13.3
14.	100	17.5

< 5

<1

PRESENTATION DE CAS PARTICULIERS

LLIP

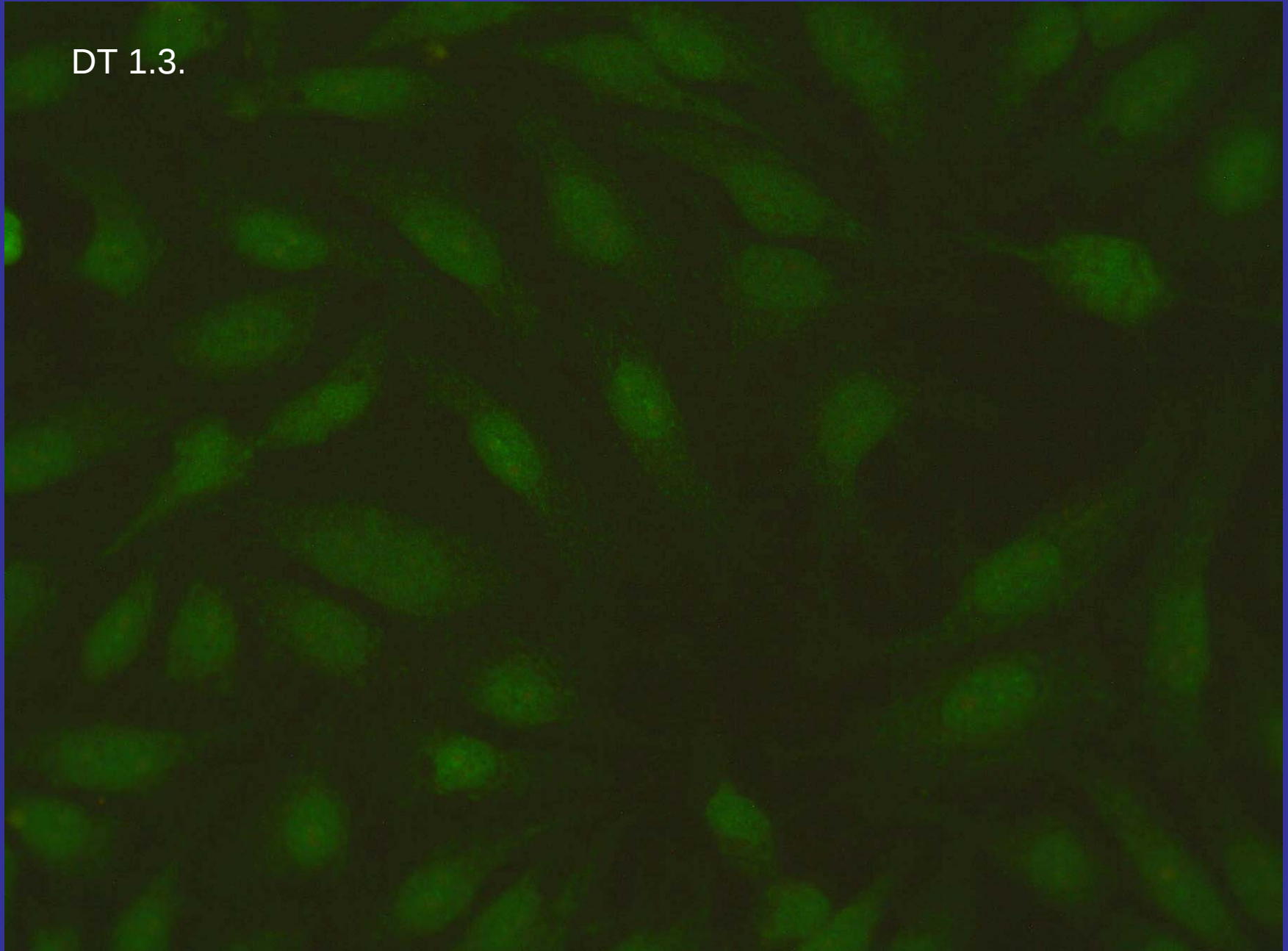


GEAI 25 mars 2011

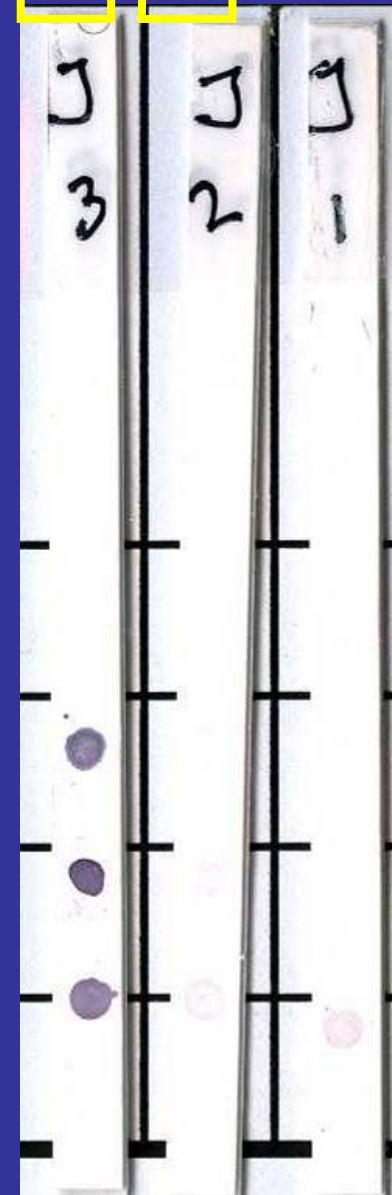
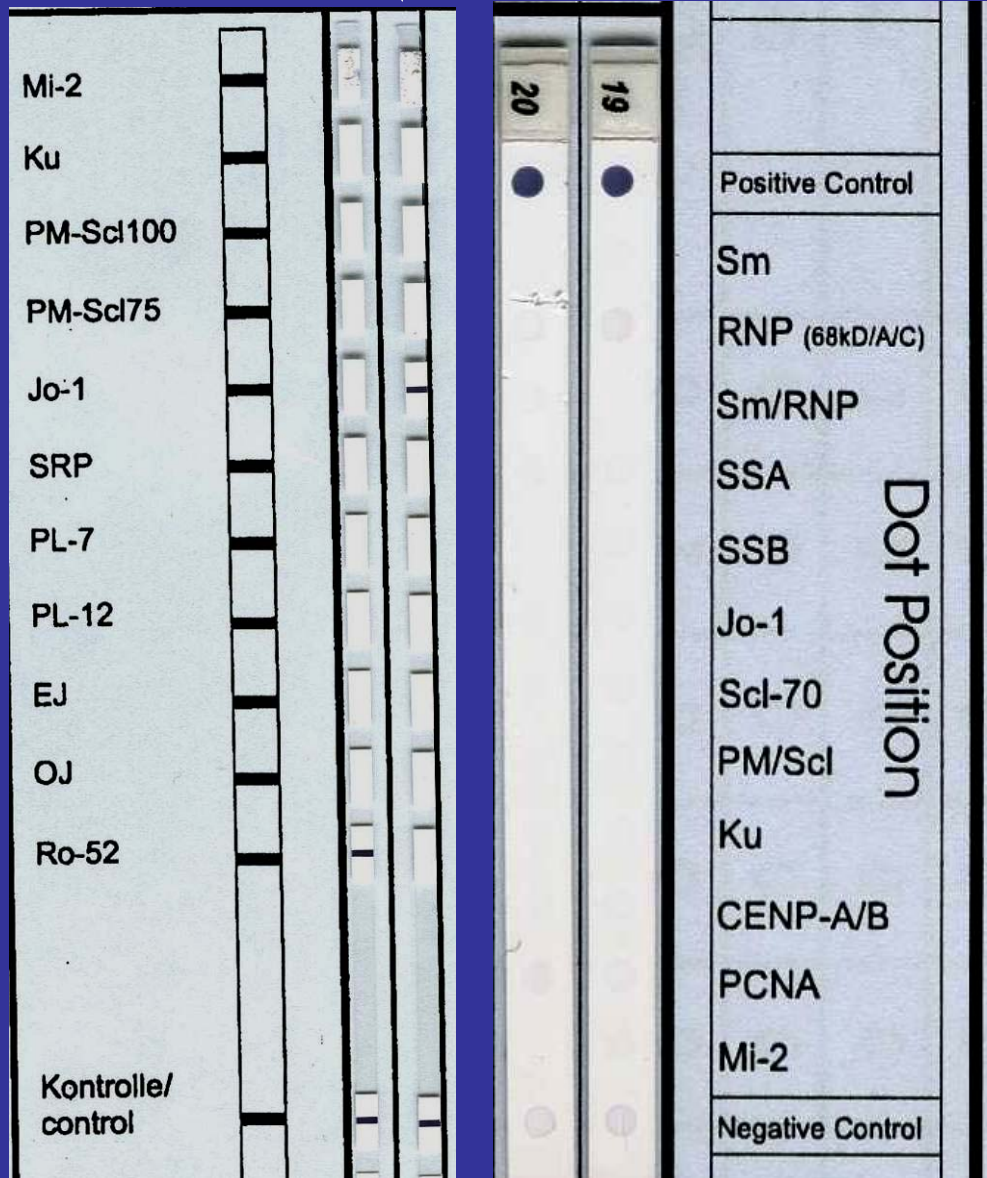
DT 1.3.

<u>Kits utilisés</u>	<u>Résultats</u>
FAN BioAdvance	Aspect moucheté et mitoses positives au 1/320 ^{ème} , cytoplasme finement granuleux
Screen ENA BioAdvance	Positif
Euroline BioAdvance ANA Profil 3 IgG	Jo-1 +
Euroline BioAdvance ELISA ENA	Jo-1 +
ANA12D Dot D-Tek	Négatif
ELISA ADN Diasorin	Négatif
Nucléosomes-Histones Dot D-Tek	Négatif

DT 1.3.



DT 1.3.

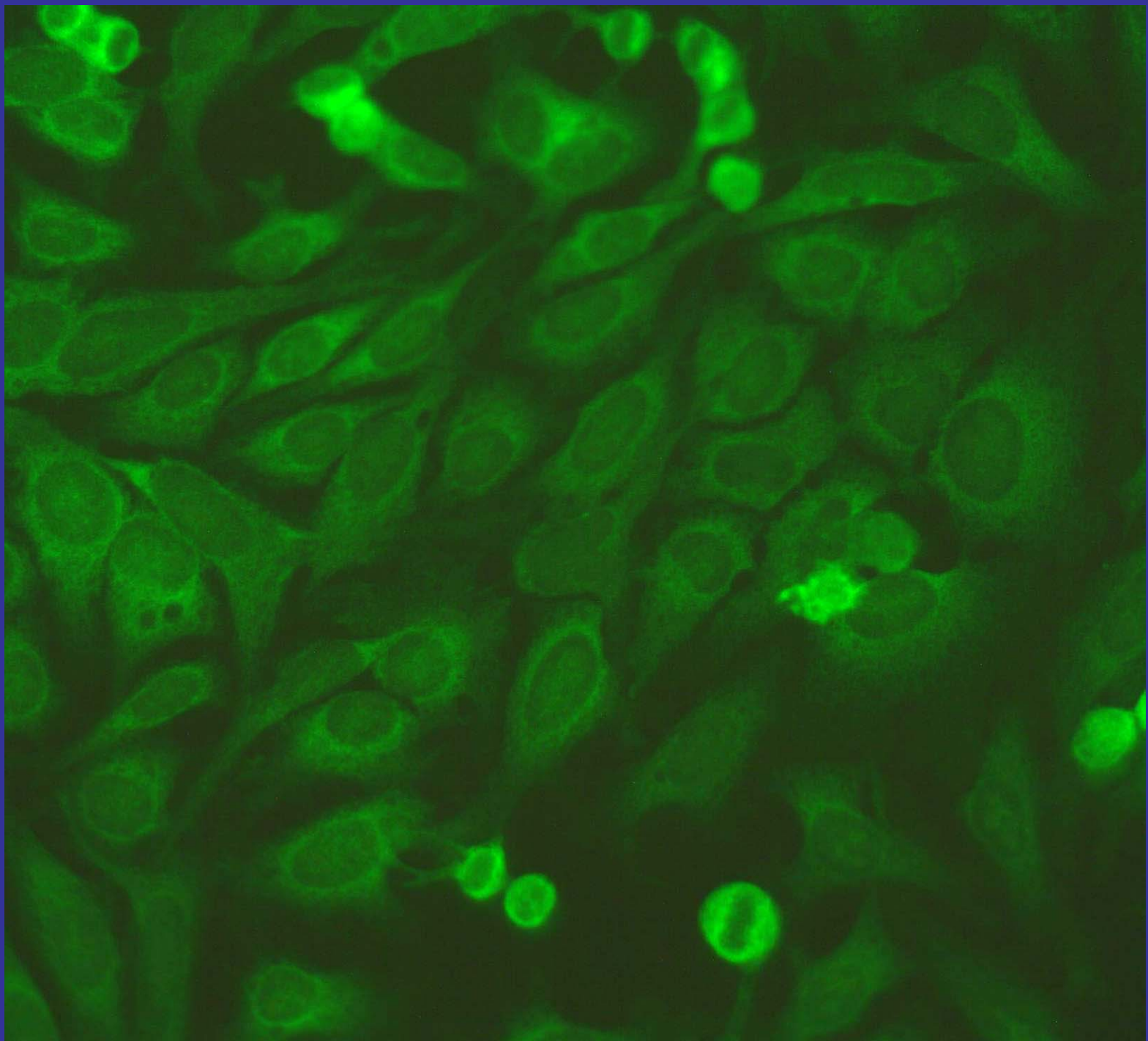


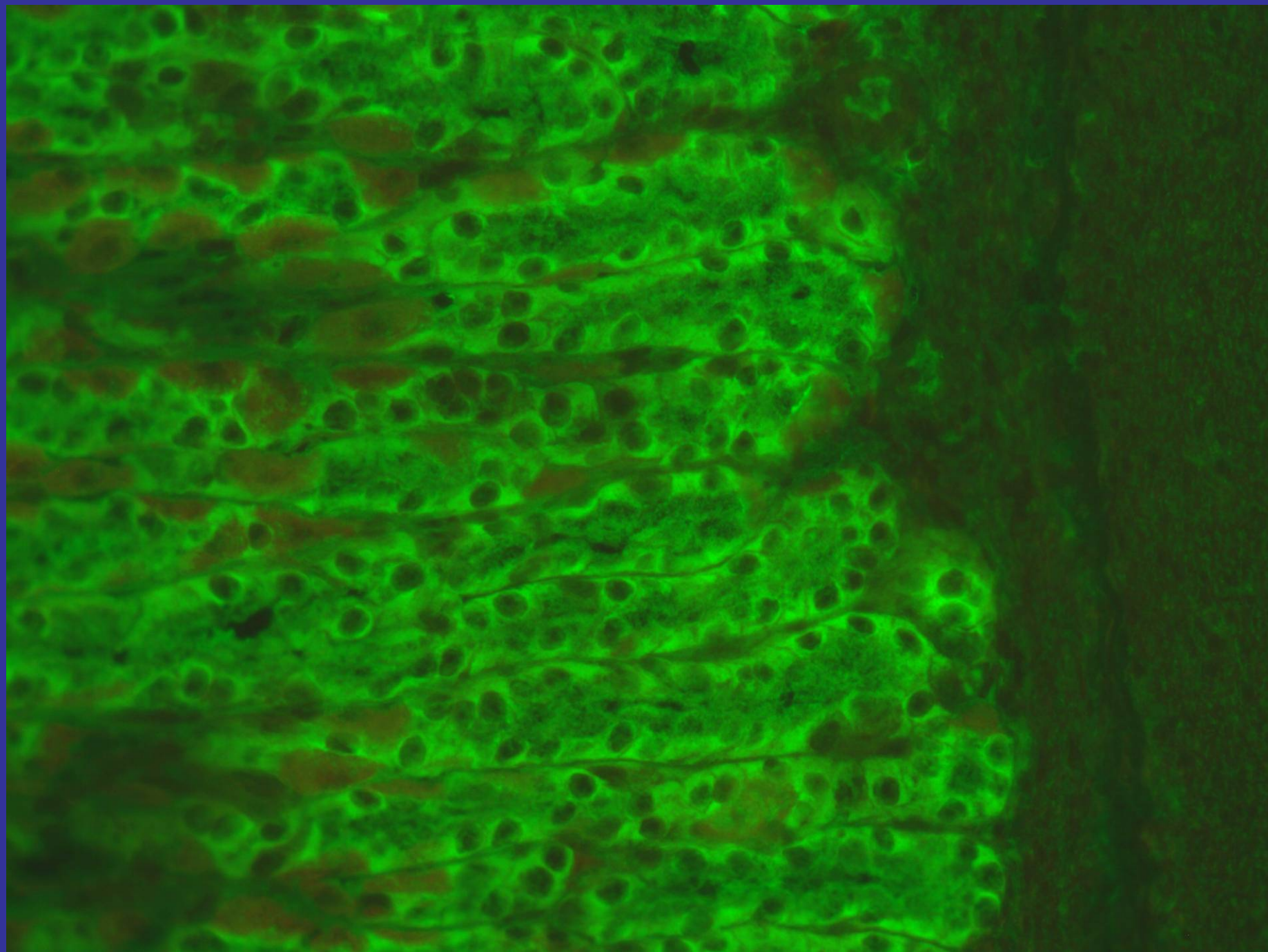
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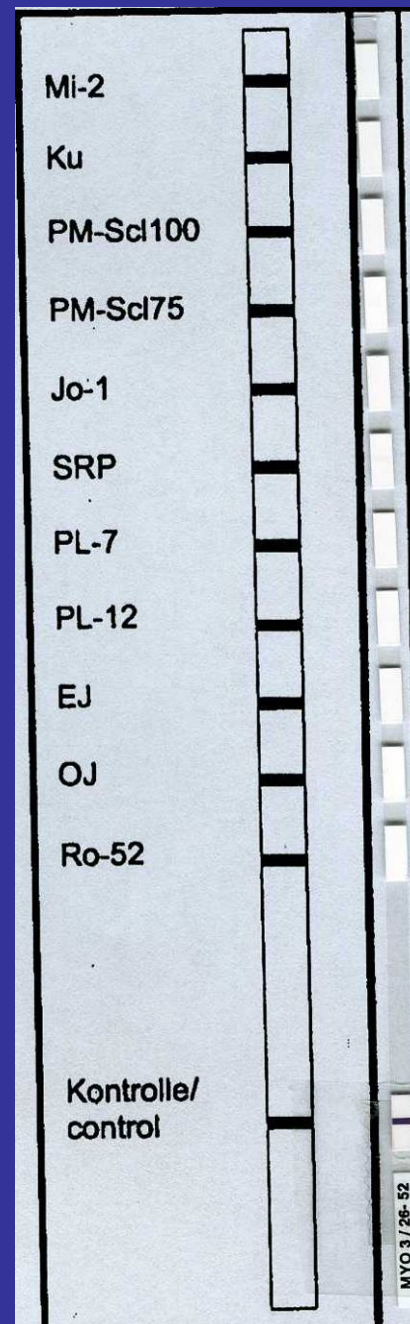
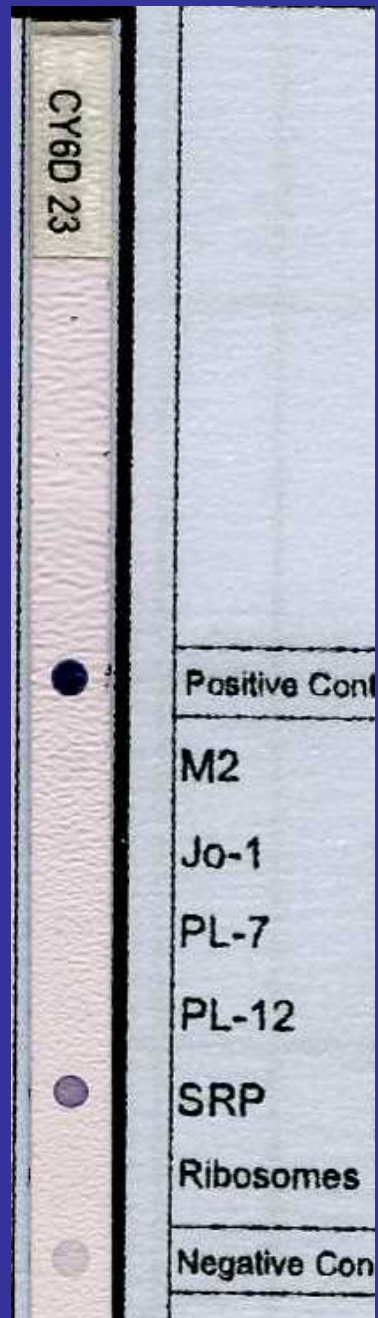
Bacul.2

E.Coli

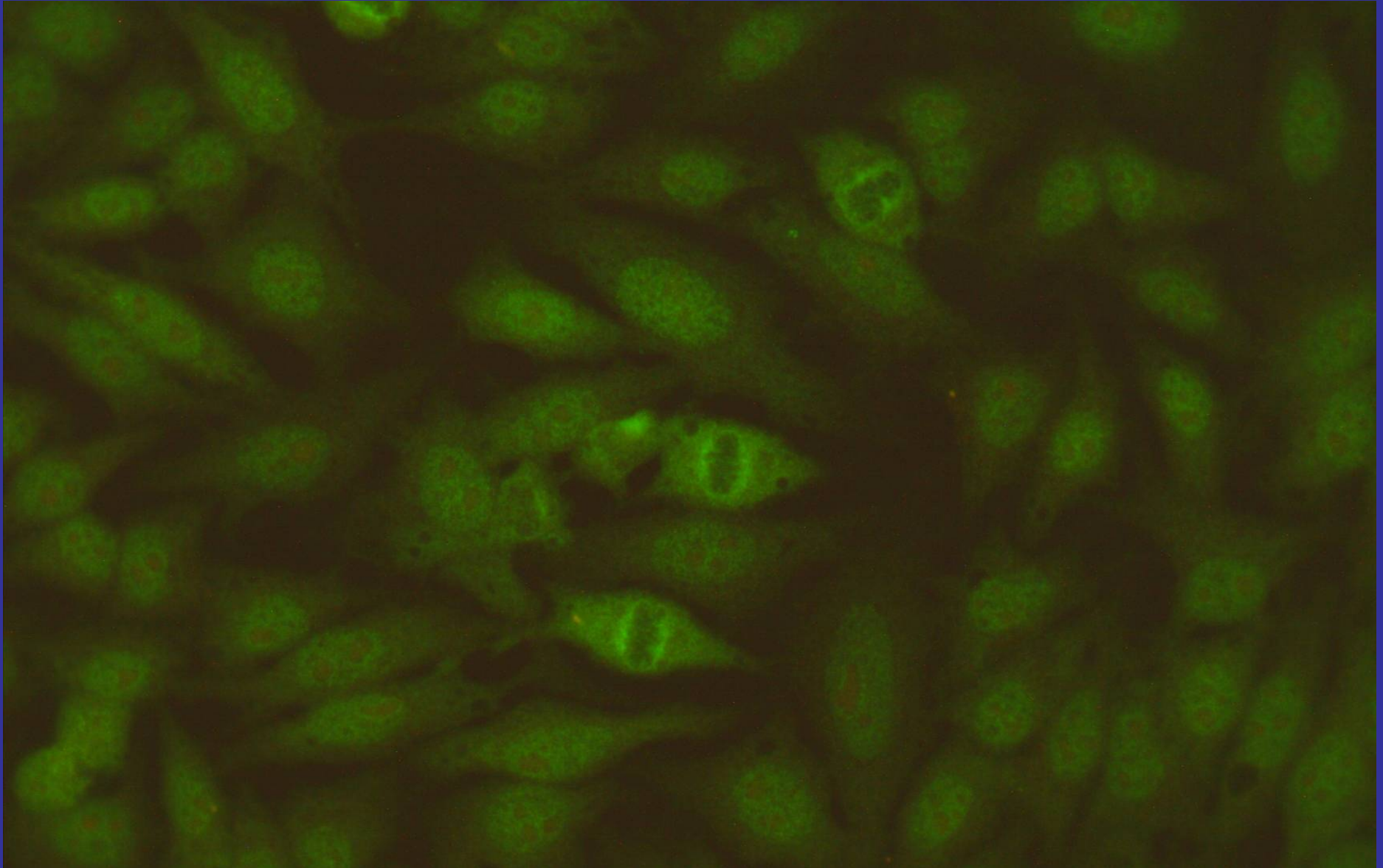
JO1 Recomb.

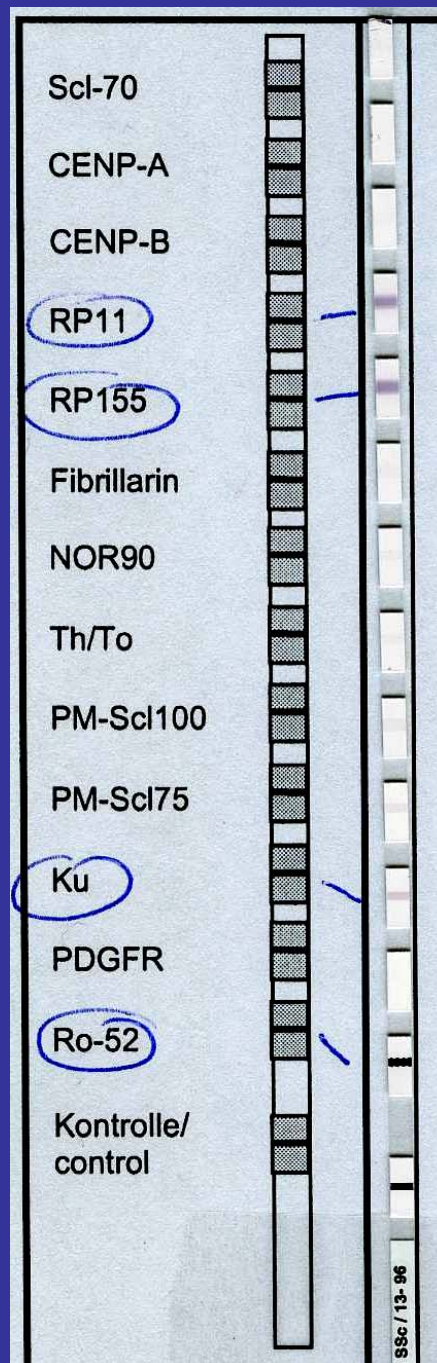
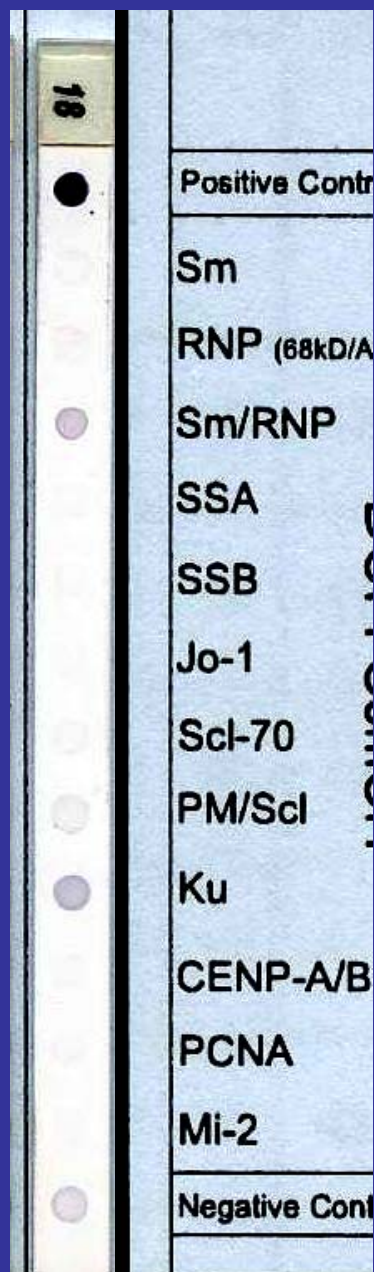






KOTS.





KOTS.

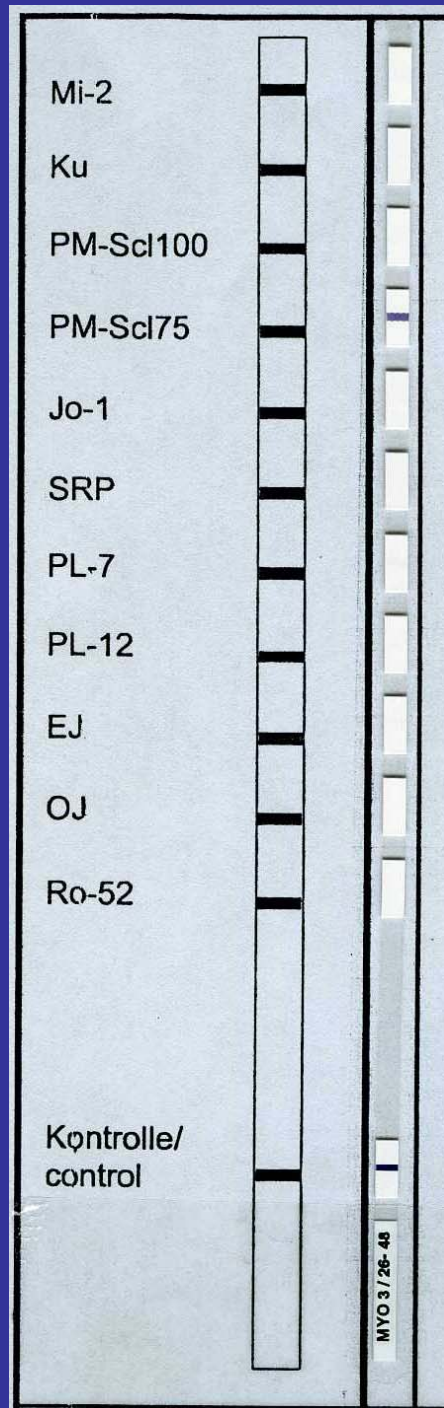
ELISA INOVA

ANTI-RNAPol III

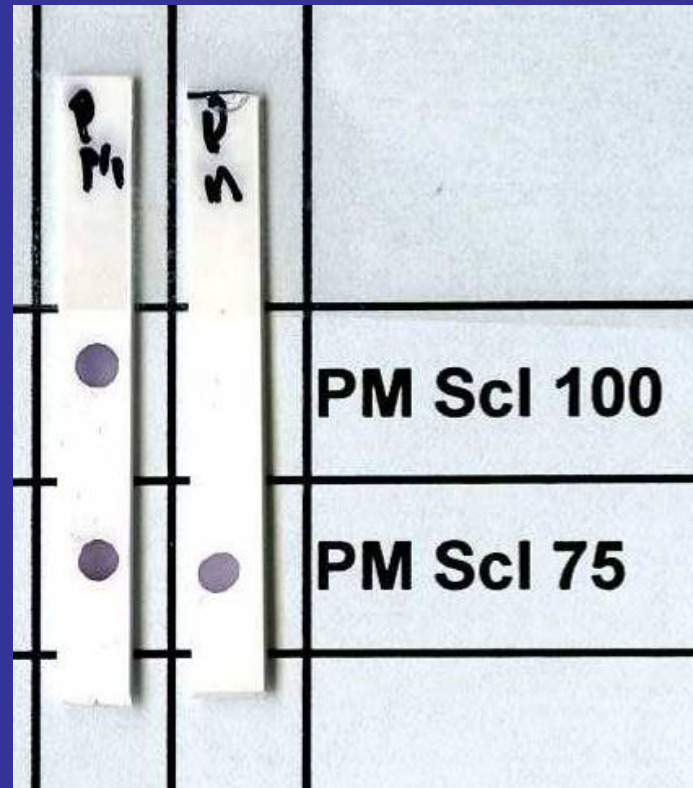
Cont.neg	0.060
pos.Low	0.436
pos.High	1.682

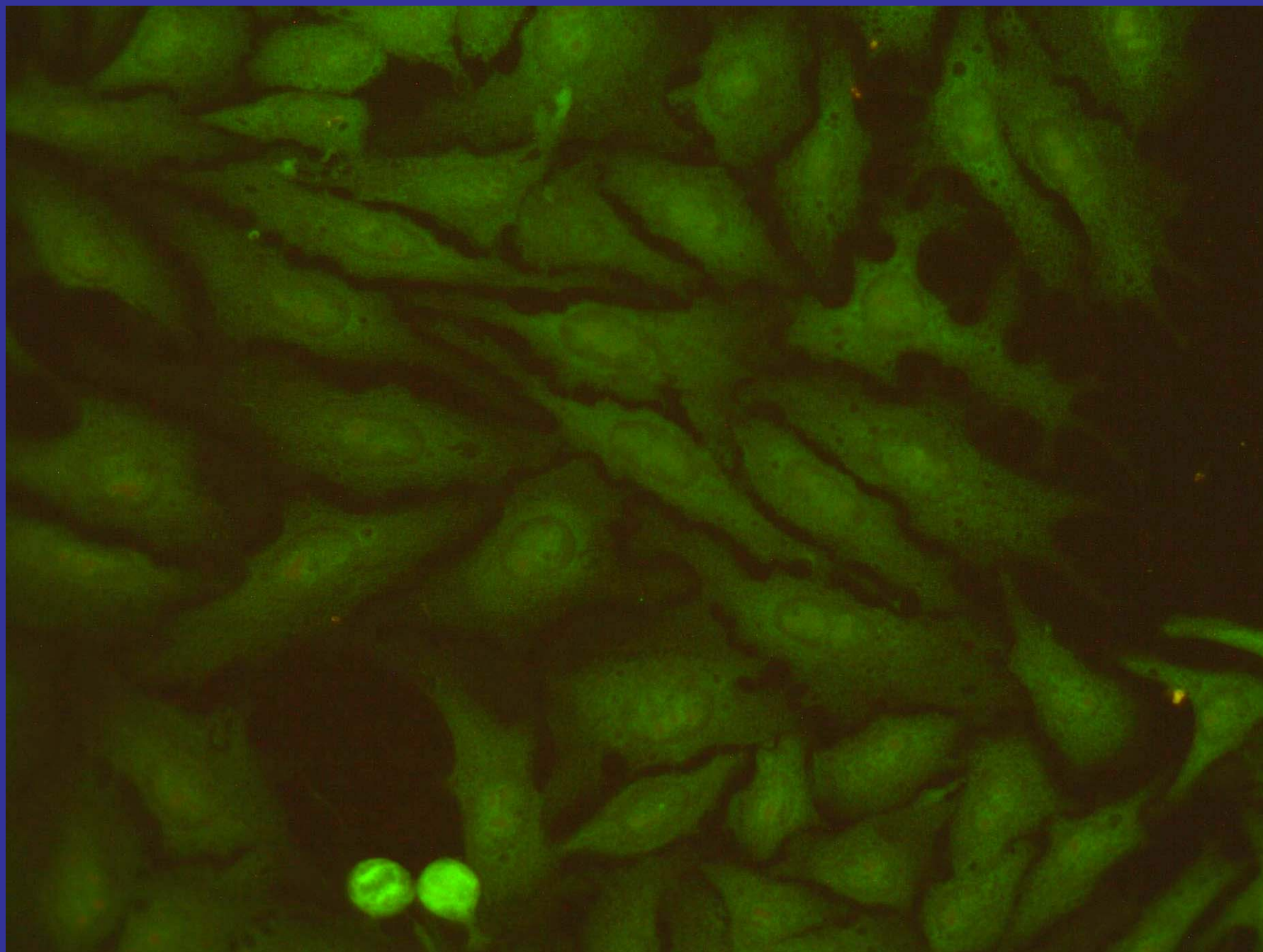
Pat.	1	0.105
	2	0.112

ANTI-PMSCI

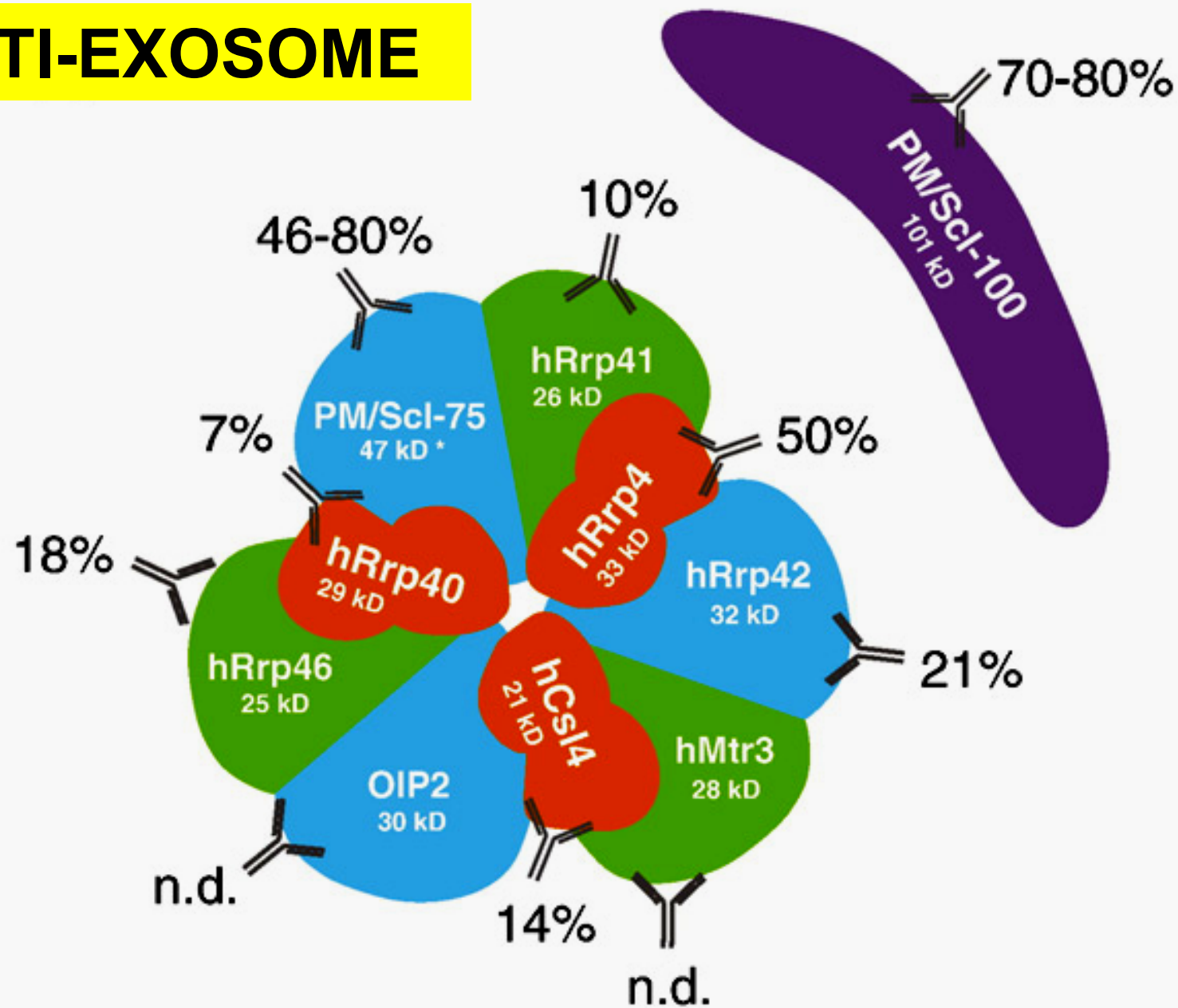


RICC.

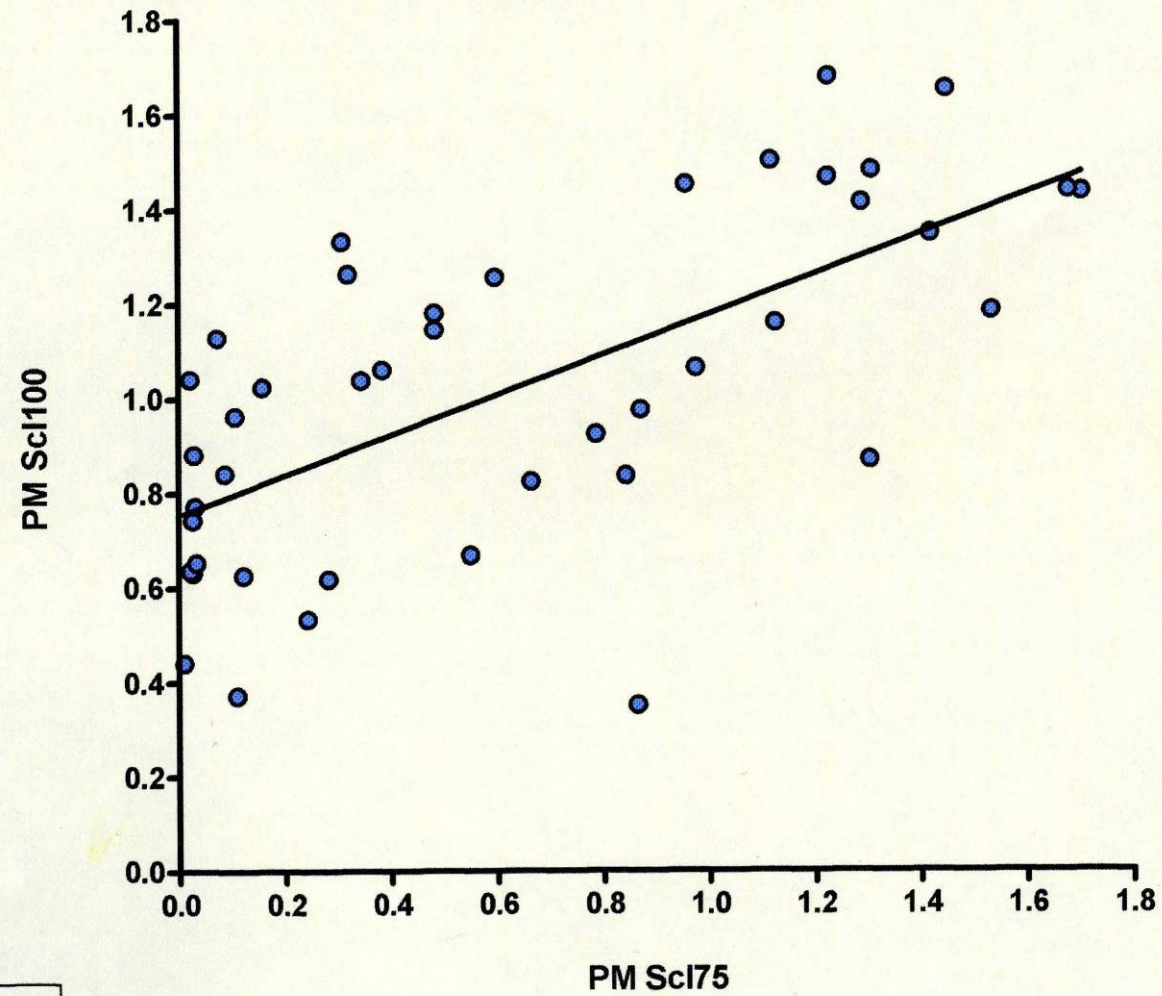


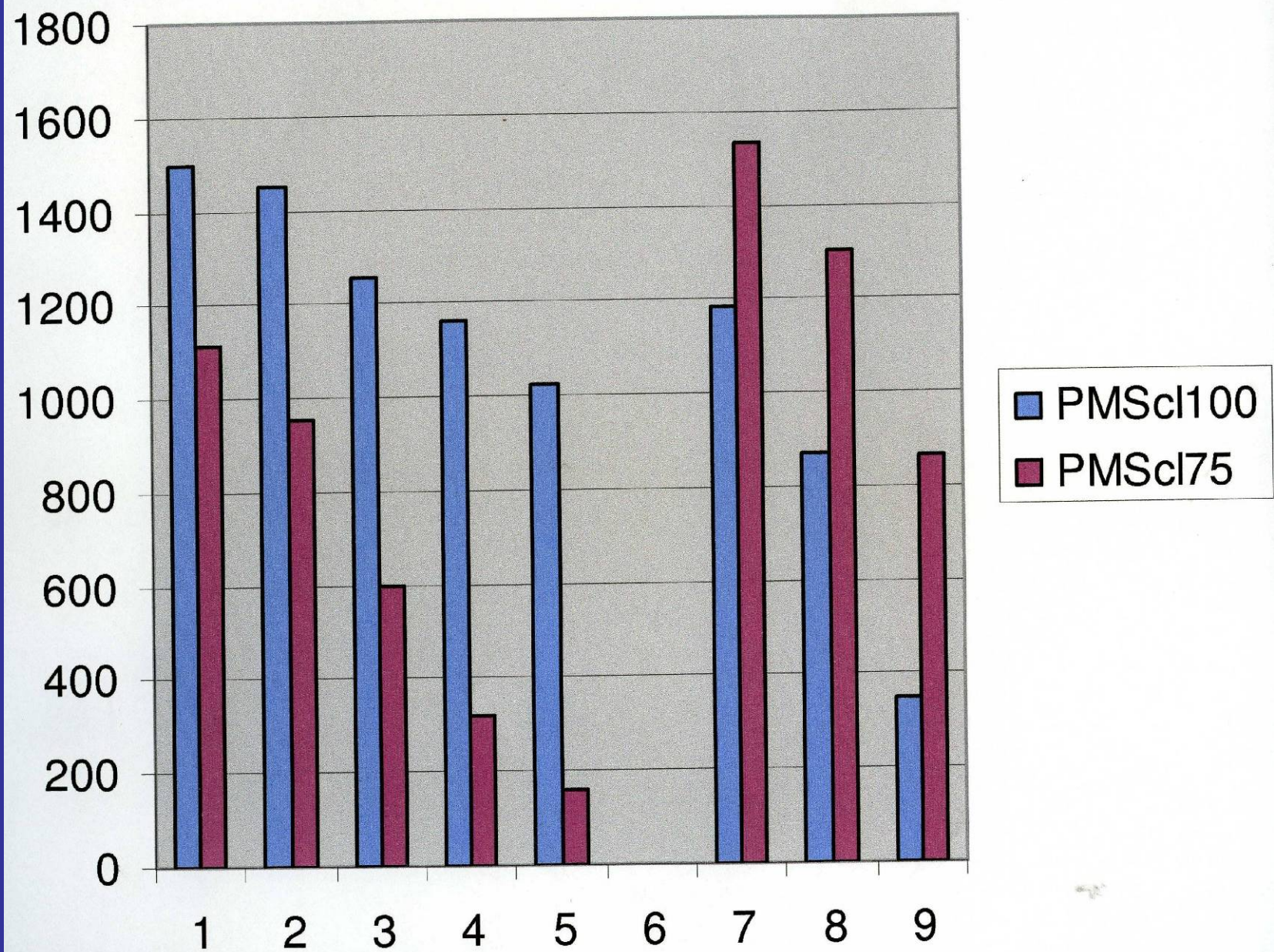


ANTI-EXOSOME



Corrélation PM ScI100-PM ScI75





Research article

Open Access

Antibodies against PM/Scl-75 and PM/Scl-100 are independent markers for different subsets of systemic sclerosis patients

Katharina Hanke¹, Claudia S Brückner¹, Cornelia Dähnrich², Dörte Huscher³, Lars Komorowski², Wolfgang Meyer², Anthonia Janssen², Marina Backhaus¹, Mike Becker¹, Angela Kill¹, Karl Egerer¹, Gerd R Burmester¹, Falk Hiepe¹, Wolfgang Schlumberger² and Gabriela Riemekasten¹

¹Department of Rheumatology and Clinical Immunology, Charité Universitätsmedizin, Humboldt University Berlin, Charitéplatz 1, Berlin, 10117, Germany

²EUROIMMUN AG, Seekamp 31, Lübeck, 23560, Germany

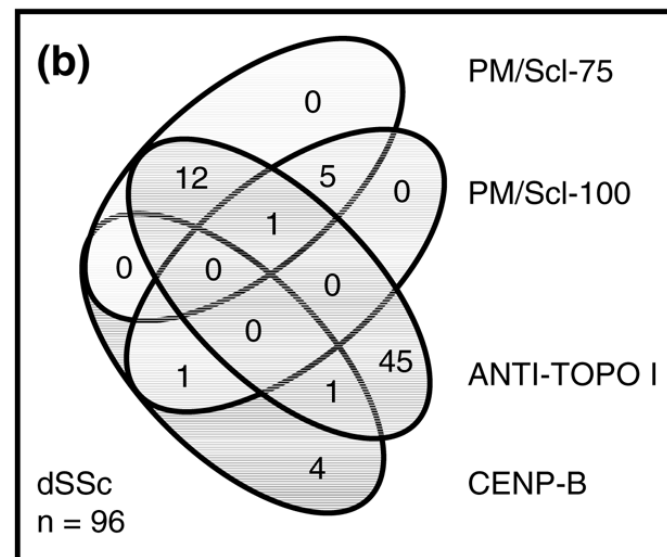
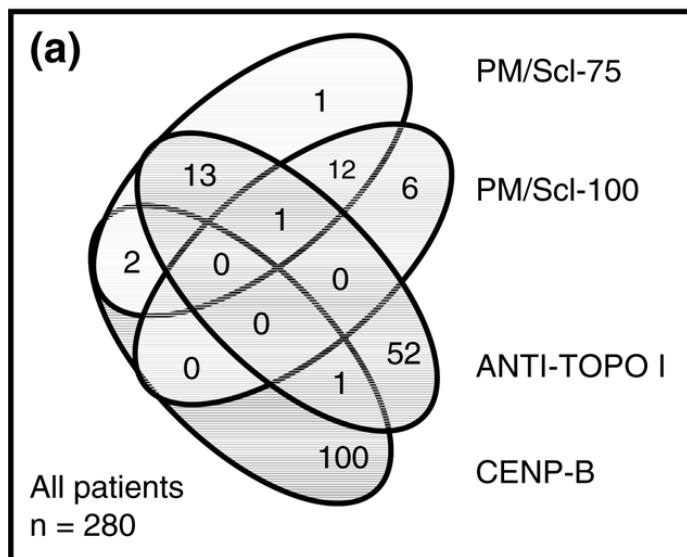
³German Rheumatology Research Centre, Charitéplatz 1, Berlin, 10117, Germany

Corresponding author: Gabriela Riemekasten, gabriela.riemekasten@charite.de

Received: 23 Oct 2008 Revisions requested: 19 Nov 2008 Revisions received: 13 Jan 2009 Accepted: 16 Feb 2009 Published: 16 Feb 2009

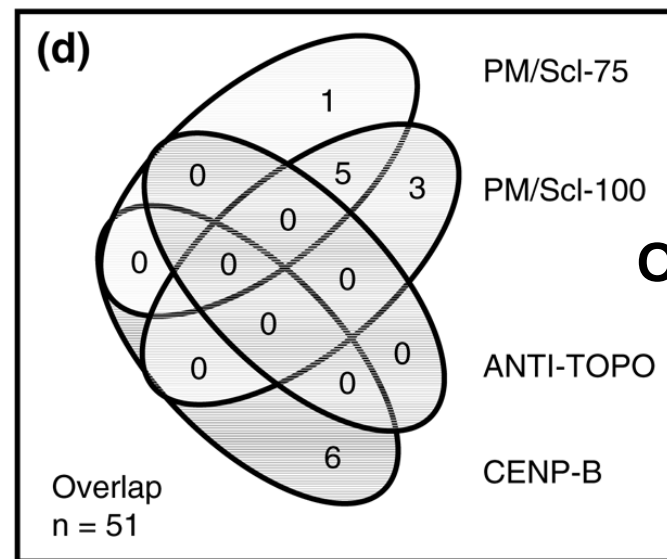
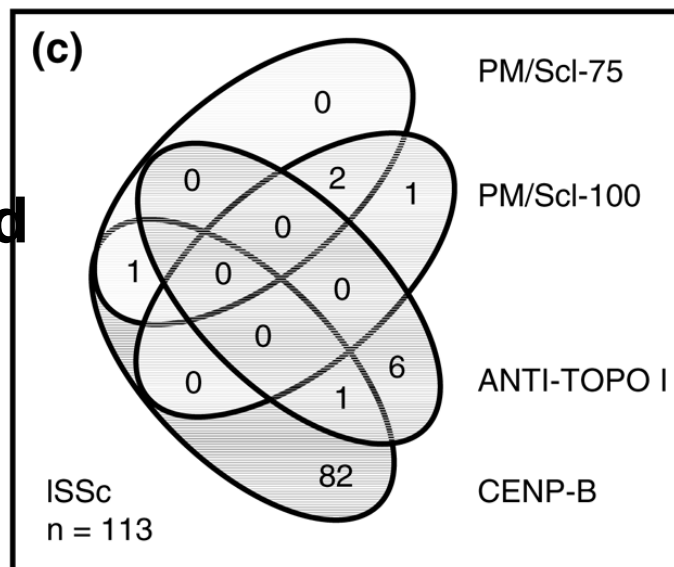
Arthritis Research & Therapy 2009, **11**:R22 (doi:10.1186/ar2614)

PM/SCI



dSSc

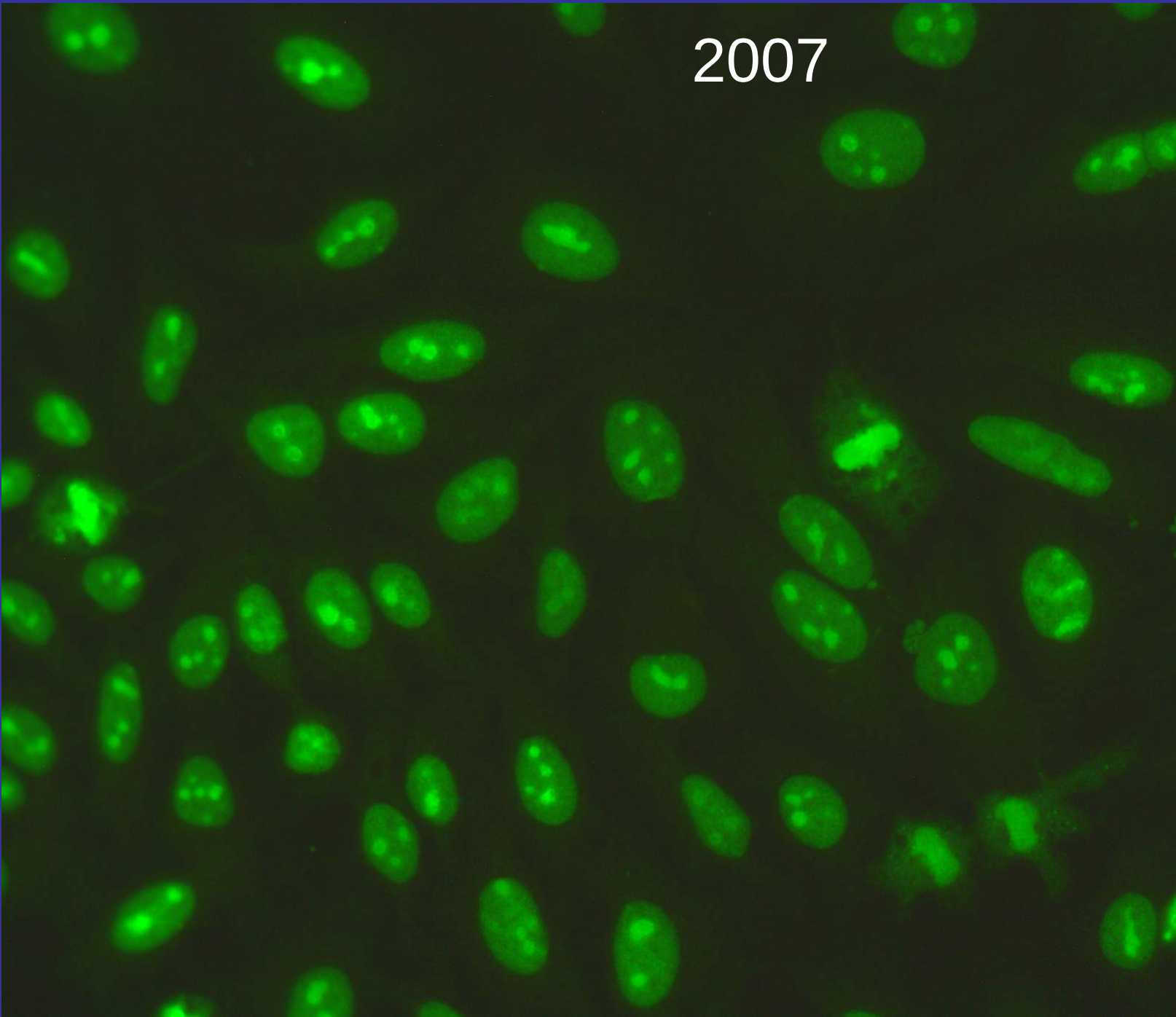
**Limited
SSc**



OVERLAP

	PMScl 75	PMScl 100
Digital Ulcers	60	65
Lung Fibrosis	55	55
Colon Involvement	20	24
CK ++	35	34

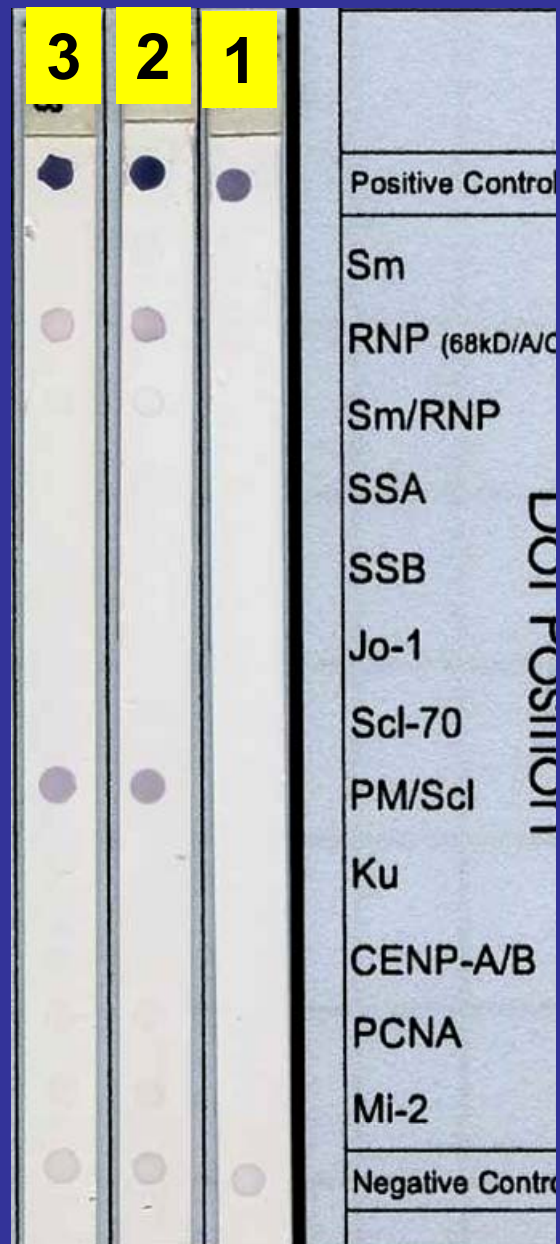
2007



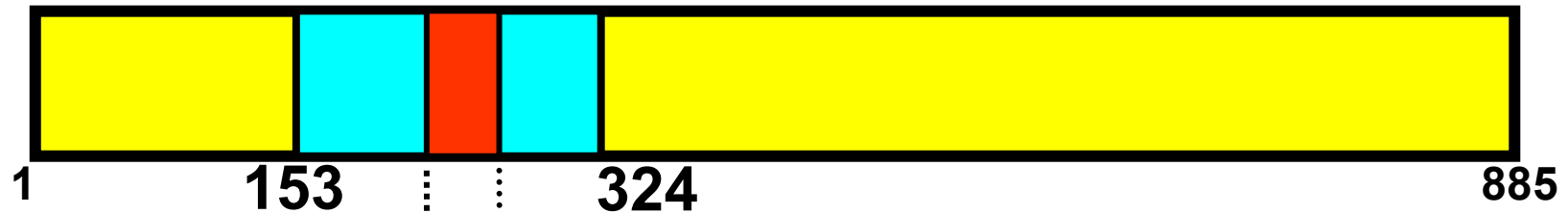
2008



2007

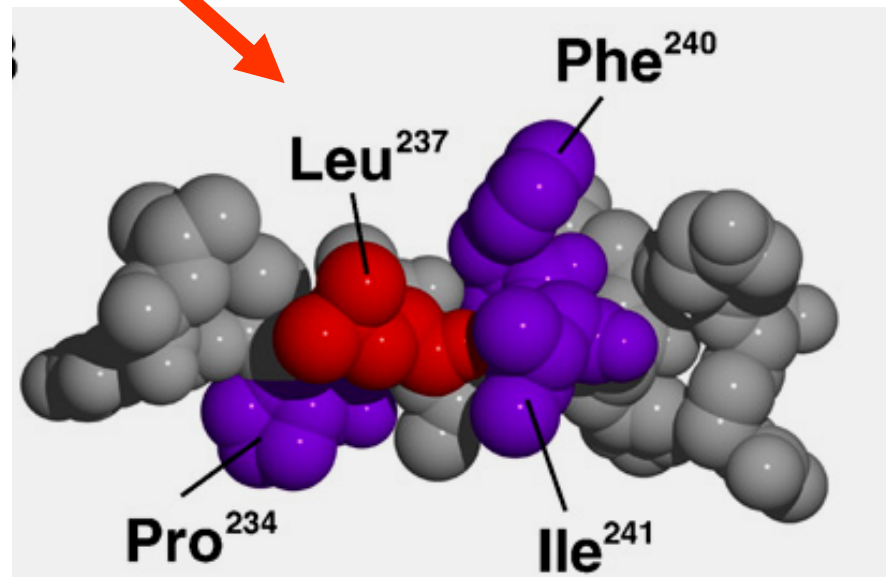


PMSCI 100

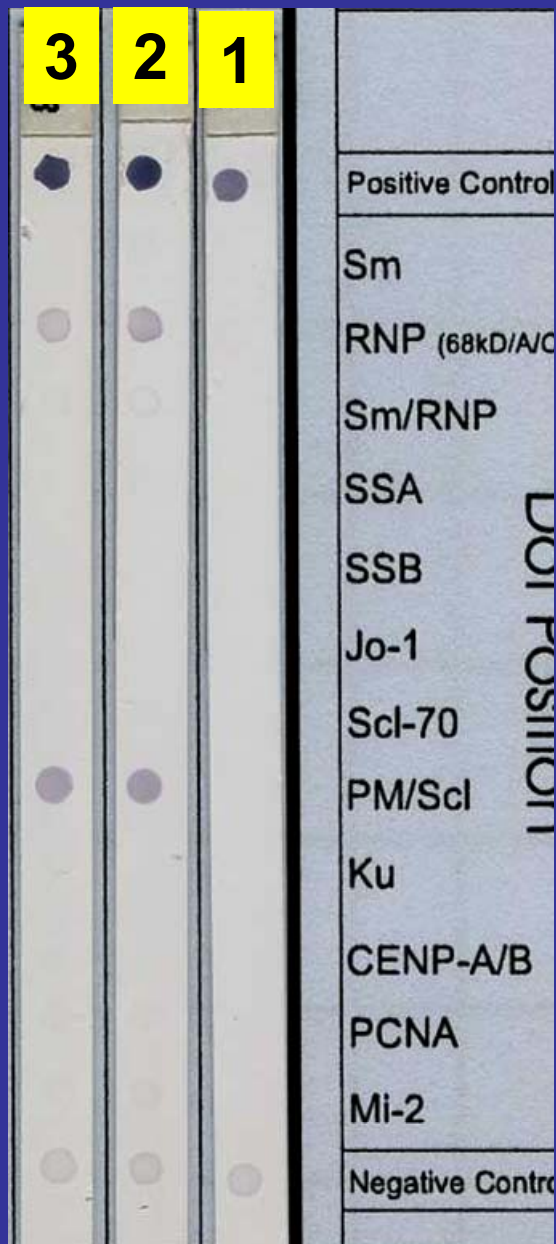


231

245



PM1 alpha



ANTI-PM1 α

2007: 3 u.

2008 41 u.

2009 44 u.