

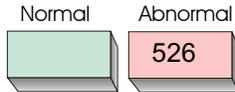


LAB#: F000000-0000-0
PATIENT: Sample Patient
ID: PATIENT-S-00180
SEX: Female
AGE: 31

CLIENT#: 12345
DOCTOR:
Doctor's Data, Inc.
3755 Illinois Ave.
St. Charles, IL 60174

Secretory IgA; stool

slgA*



Reference

51 - 204mg/dL

Secretory IgA is secreted by mucosal-associated lymphoid tissue and represents the first line of defense of the GI mucosa and is central to the normal function of the GI as an immune barrier. Elevated levels of slgA are associated with an upregulated immune response.

Date Collected: **1/6/2009**

Comments:

Date Received: **1/14/2009**

Date Completed: **1/20/2009**

*For Research Use Only. Not for use in diagnostic procedures.

INTRODUCTION

This analysis of the stool specimen provides fundamental information about the overall gastrointestinal health of the patient. When abnormal microflora or significant aberrations in intestinal health markers are detected, specific interpretive paragraphs are presented. If no significant abnormalities are found, interpretive paragraphs are not presented.

Secretory IgA (slgA)

The concentration of slgA is abnormally high in this fecal specimen. Immunological activity in the gastrointestinal tract can be assessed using secretory immunoglobulin A (slgA). Secretory IgA is the predominant antibody or immune protein the body manufactures and releases in external secretions such as saliva, tears, and milk [1]. It is also transported through the epithelial cells that line the intestines out into the lumen. Secretory IgA represents the first line of defense of the GI mucosa and is central to the normal function of the GI tract as an immune barrier [1]. As the principal immunoglobulin isotype present in mucosal secretions, slgA plays an important role in controlling intestinal milieu which is constantly presented with potentially harmful antigens such as pathogenic bacteria, parasites, yeast, viruses, abnormal cell antigens, and allergenic proteins [1]. Secretory IgA antibodies exert their function by binding to antigenic epitopes on the invading microorganism limiting their mobility and adhesion to the epithelium of the mucus membrane [2]. This prevents the antigens from reaching systemic circulation allowing them to be excreted directly in the feces.

Elevated fecal slgA is an appropriate response to an antigenic presence. Microbial and microscopic studies of the stool are useful in identifying if bacteria, yeast, or parasites are present. Eradication of the pathogenic microorganisms will bring slgA back down into the normal range. Elevated slgA levels have been observed in the absence of bacteria, yeast or parasites, in individuals with atopic conditions such as food allergies, urticaria, and dermatitis.

References:

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