

Aspergillus antigen

General:

Galactomannan is a soluble antigen in serum and is a component of the fungal cell wall (exoantigen) of aspergillus.

Most cases of invasive aspergillosis especially in liver transplant recipients occur in an early period. The frequency at which aspergillosis develops in the first 100 days after transplantation has ranged from 75% to 90% in most reports. Blood cultures are typically negative. Late occurrence of aspergillosis has been described only occasionally.

In some patients galactomannan antigenemia can be detected prior to the onset of clinical symptoms. So the early detection of aspergillus antigenemia in serum seems to be a good predictor of invasive aspergillosis. It should be used in conjunction with other diagnostic procedures. The test should be ordered prior to the initiation of antifungal therapy. To maximize specificity, multiple consecutive specimens should be drawn on separate occasions to confirm a 'true positive.' Additional microbiological swabs (BAL, bronchial secretion, sputum etc.) are recommended.

Indication: Suspicion of aspergillemia, monitoring for invasive aspergillosis, postoperative infection monitoring (immunodeficiency, bone-marrow transplantation, neutropenic patients etc.)

Material: 1 ml serum

TAT: 5-7 days*

Method: EIA

Units: index

Ref.- range: <0.5

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit <http://www.fml-dubai.com/parameter-listings/>