Gastric Parietal Cell Antibody

Clinical Use
- Differential diagnosis of anemia
- Assess atrophic gastritis
- Evaluate polyglandular autoimmune syndromes

Reference Range

<table>
<thead>
<tr>
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<th>Units</th>
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<tbody>
<tr>
<td>Negative</td>
<td>≤20</td>
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<tr>
<td>Equivocal</td>
<td>20.1-24.9</td>
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<tr>
<td>Positive</td>
<td>≥25</td>
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Interpretive Information
- Atrophic gastritis
- Pernicious anemia
- Polyglandular autoimmune disease

Clinical Background
Gastric parietal cell antibodies are directed primarily against the gastric proton pump, H/K-ATPase. The antibody is detected in approximately 90% of patients with pernicious anemia and the underlying type A chronic atrophic gastritis, in 20% to 30% of patients with varied autoimmune endocrine disorders, and in 2.5% to 10% (varies with age) of the healthy population.

Approximately 50% of patients with pernicious anemia have thyroid auto-antibodies, and 30% of patients with autoimmune thyroid disease have PCA.

Method
- Enzyme linked immunosorbent assay (ELISA)
- Analytical sensitivity: 20 Units

Specimen Requirements
0.5 mL refrigerated serum
0.1 mL minimum
No additive red top preferred
SST red top acceptable