

**CASEY EYE**
Institute**Oregon Health & Science University**

OCULAR IMMUNOLOGY LABORATORY

LBRB-Room 253

3181 SW Sam Jackson Park Road, Portland, Oregon 97239

Ph: 503-418-2543 Fax: 503-418-2541

Patient Name: **FMARP,** Accession #: **SA●●11611●**
Medical Record #: **Samplereport**
Account #:
Date of Birth: 12/11/1951
Sex: Male Reference Lab no.:
Referral Source: MAYO MEDICAL LABS/REFERRAL Physician(s):

Ocular Immunology (Final result)

Authorizing Provider:	Ordering Provider:
Pathologist: David J Wilson, MD	Collected: 01/09/2019
	Received:

Specimens

A Blood, 2 mL frozen serum

Clinical History

History of acquired night blindness loss about 4 months ago; cataract surgery in 2017; VA: 20/30 OU; color vision (ISH): 15/15 OU; HVF: mild superior depression OU; possible photoreceptor dysfunction.

Anti Retinal Result

Test results must be interpreted in the context of clinical presentation

Test Name	Result
Melanoma Associated Retinopathy Panel (MARP)	
Marker	
Arrestin	positive
Recoverin	negative
Aldolase	negative
Enolase	positive
Transducin-α	positive
TRPM1	negative
Immunohistochemistry of the retina for labeling of bipolar cells	POSITIVE - moderate staining of bipolar cell layer

[Adequacy: Satisfactory for evaluation]

This test was developed and its performance characteristics determined by ●cular Immunology Laboratory OHSU. It has not been approved by the U.S. Food and Drug Administration.

Electronically signed by Grazyna Adamus, PhD, on 1/10/2019

Accession #:

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01/10/2019

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Interpretation**Melanoma Associated Retinopathy**

A positive result indicates that anti-retinal autoantibodies are present, which may indicate Autoimmune Retinopathy. Antibodies against retinal antigens have been associated with autoimmune retinal disorders, including melanoma-associated retinopathy (MAR). CAR and MAR share similar clinical symptoms, the ERG findings are very different. In MAR, the b-wave is severely reduced while the a-wave is normal in MAR, suggesting bipolar cell dysfunction. Historically, MAR was associated with autoantibodies against "on"-bipolar cells usually detected by IHC. The presence of anti-bipolar cell antibodies in a patient with retinal dysfunction is not specific of melanoma-associated retinopathy because such antibodies were found in patients with carcinomas [Am. J Ophthalmol 2001, 131, 806-8]. Autoantibodies against the transient receptor potential cation channel, subfamily M, member 1 (TRPM1) or Melastatin were recently identified [PLoS One 2011, 6(5):e19911 and J Neurosci 2011, 31(11):3962-3967]. Less than 5% MAR patients have anti-TRMP1 autoantibodies and they label BCL. Often, patients with MAR also have anti-retinal autoantibodies against photoreceptor specific proteins, including Rhodopsin, Transducin, Recoverin, Arrestin, and also against other protein antigens such as Enolase, CAII, and Aldolase.

Protocols:

MAYO MEDICAL LABS/REFERRALReferrals, 3050 Superior Dr NW
Rochester Minnesota 55901