

Donia DRIDI
Faculty of Medicine of Tunis

& Amal CHAABOUNI
Faculty of Pharmacy of Monastir

Anti-PL-12 antibodies

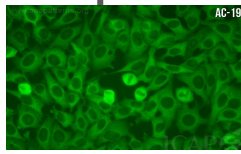
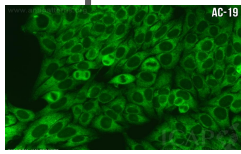
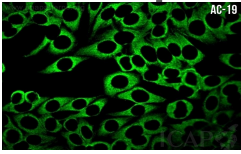
- Firstly reported in **1986**
- Name: « PI » stands for « Precipitin line »

- **Family:** Myositis specific antibodies (MSA), more specifically aminoacyl-transfer-RNA synthetases or antisynthetase syndrome antibodies
- **Target antigen:** alanyl-tRNA synthetase enzyme

Screening technique:

- **Indirect Immunofluorescence (IIF) on HEp-2 cells:** optimal but variability between laboratories
- **ELISA screen** (Jo1, PL7, PL12, EJ and KS)

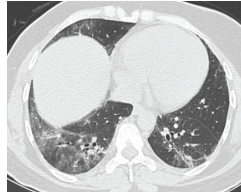
IIF pattern on HEp-2 cells: Fine speckled to homogeneous cytoplasmic fluorescence



Antisynthetase syndrome (ASS):

- One of the ASS specific antibodies, is part of a limited number of classification criteria, but it is not included in the ACR/EULAR 2017 criteria.
- Prevalence: 2 – 5% among antisynthetase specific antibodies

- Association with Interstitial Lung Disease (ILD) in 90%
- Low prevalence of rheumatological symptoms
- Possible absence of muscular involvement
- Association with features that overlap with systemic sclerosis (skin sclerosis, esophageal involvement and pulmonary hypertension)
- **Severe phenotype of ILD => decreased survival**



Confirmation techniques:

- **RNA Immunoprecipitation:** gold standard with high sensitivity and specificity, but laborious
- **Line/Dot blot immunoassay:** good sensitivity but interferences represent a major limit

