

ASL

The following tests are available:

- **Anti-streptolysin-O antibodies**

General:

After infection with streptococci the organism reacts with formation of antibodies against the toxin streptolysin. Because of the molecular antigen similarity of streptolysin to different organ tissues (e.g. heart muscle sarcolemma) the antistreptolysin antibodies do not only react with streptococci but also react destructively in different organs. For a safe diagnosis of previous streptococcal infection it is recommended to determine anti-streptococci hyaluronidase and anti-streptococci DNase-B as well. In case of a streptococcal infection (*Streptococcus pyogenes*) of the respiratory tract the ASL titer rises after 4-8 weeks (not or rarely after skin infections) and then decreases slowly over weeks or months. Single titers do not allow any statement. Only doubly increased titers indicate a previous infection. Furthermore, approx. 80-85 % of all patients with acute rheumatic fever show increased ASL-titers.

Indication: follow-up, rheumatic fever, chorea minor, glomerulonephritis

Material: 1 ml serum

Stability: 8 days at 2 to 8°C

TAT: same day, FML

Method: nephelometric

Units: U/ml

Ref.- range: <200 (adults)

Note: False positive results: highly increased beta-lipoproteins, liver diseases, other bacterial infections.

- **Anti-streptolysin-O in aspirate[^]**

Material: 1 ml serum

TAT: same day, FML

Method: nephelometric

Units: U/ml

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit

<http://www.fml-dubai.com/parameter-listings/>