Cerebrospinal Fluid Analysis

Pavel Štourač Department of Neurology University Hospital Brno

Cerebrospinal fluid analysis

- lumbar puncture
- inflammation of CNS (meningoencephalitis)
- bleeding (intracerebral hemorrhage, subarachnoid hemorrhage)
- tumours of CNS (primary tumours, metastases)

Contraindication of lumbar puncture

- intracranial hypertension: occipital and temporal brain herniation
- skin inflammation in area of lumbar puncture
- coagulation abnormalities and anticoagulant therapy
- severe spondylosis of lumbar area

Analysis of cerebrospinal fluid

- macroscopic appearance clear, cloudy, xanthochromatic, hemorrhagic
- protein content
- cytology quantitatively and differential cell count including the presence of bacteria
- lactate
- glucose

Standard CSF analysis

Macroscopic appearance:

- protein content
- cytology, differential cell count
- lactate and glucose in CSF
- albumin, IgG,IgA,IgM in CSF and serum
- oligoclonal IgG bands in CSF and serum
- specific antibody indices (AI IgG class)
- MRZ reaction (M-measles, R-rubeolla, Zvaricella zoster)
- erythrocytes and haemoglobin

Enlarged CSF analysis

- PCR polymerase chain reaction-HSV encefalitidu
- tumour markers-carcinoembryonal antigen
- specific CNS proteins neuron specific enolase in CSF and serum
- tau protein, fosforylated tau protein
- beta-amyloid 1-42 in cerebrospinal fluid
- beta trace protein-liquorrhea (CSF leakage, nose, ear)

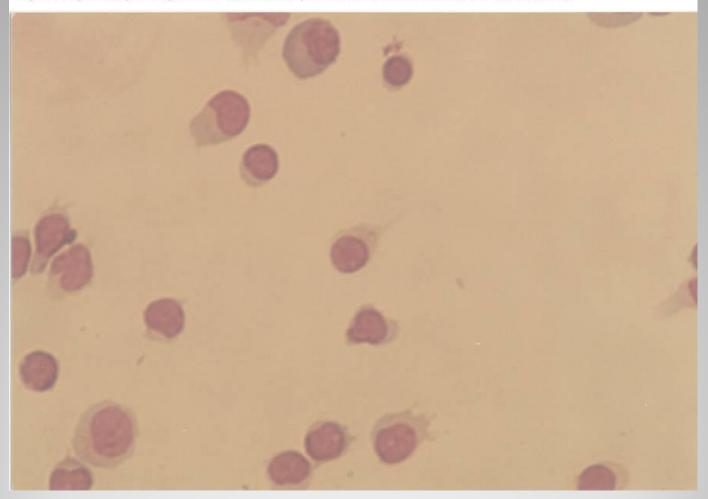
Cytological analysis of CSF

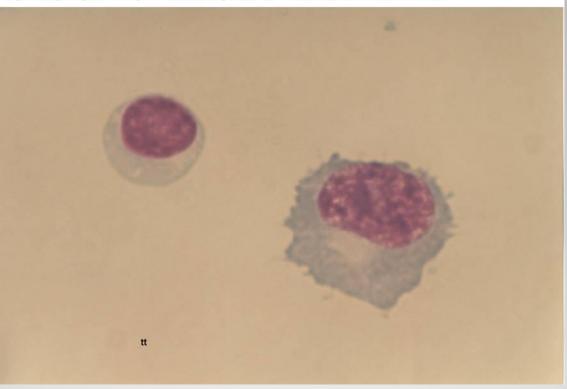
cell number and differential cell count 70% lymphocytes, 30% monocytes

Fuchs Rosenthal chamber pleocytosis: >5 cells/1µl

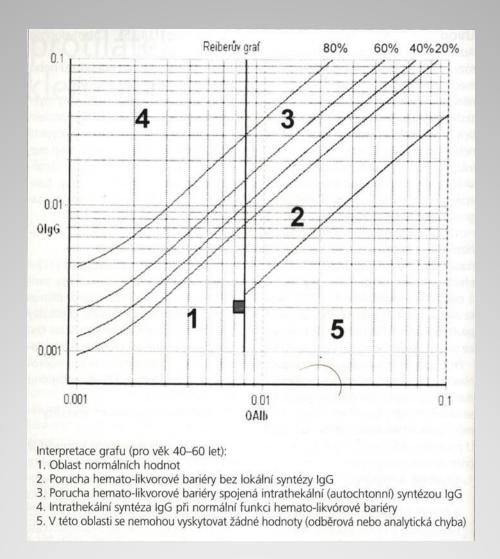
- inflammatory syndrome
- pathological bleeding(phagocytes)
- non-specific irritative syndrome
- malignant cells-infiltration of meninges

Lymfocytární pleocytósa v likvoru u pacienta s roztroušenou sklerózou.





Lymfocyt a plasmocyt v likvóru u pacienta s roztroušenou sklerózou.

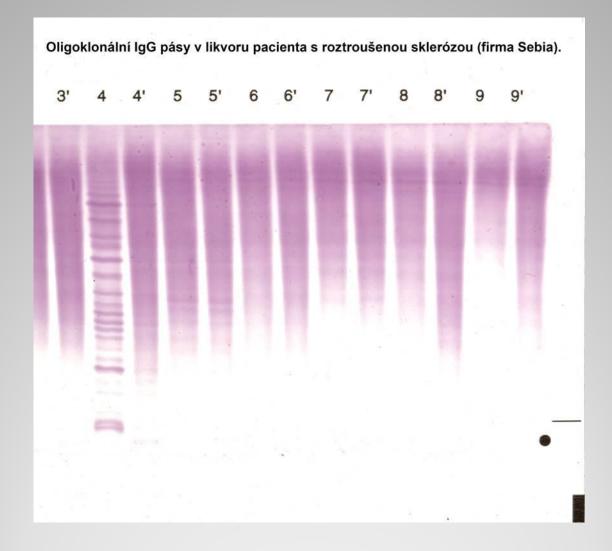


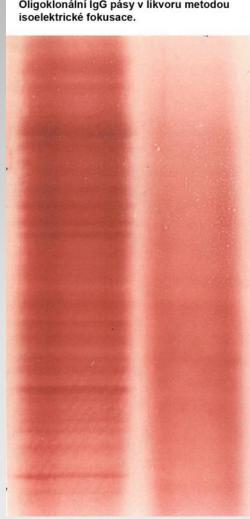
Diagnostical markers

- oligoclonal IgG bandsMRZ
- neurofilaments of neuronal and glial cytoskeleton-longitudinal follow-up
- repeated lumbar punctures
- tau protein, fosforylated tau protein, betaamyloid-triplet (dementia diagnosis)

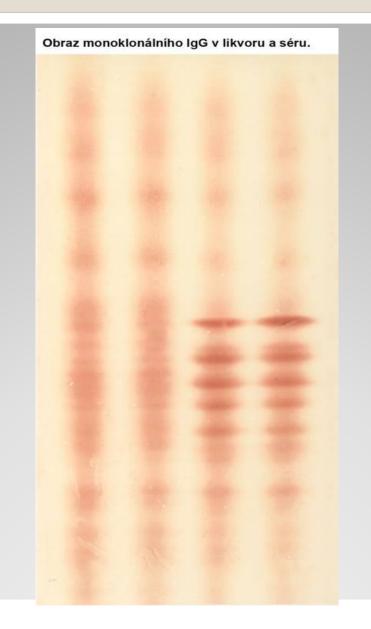
Oligoclonal IgG

- Methods: isoelectric focusing, immunobloting, imunoenzymatic staining
- 5 patterns of oligoclonal IgG in parallel investigation of CSF and serum
- normal polyclonal IgG in CSF and serum
- oligoclonal IgG only in CSF (sclerosis multiplex)
- oligoclonal IgG in CSF and serum (more IgG bands in CSF comparing IgG bands in serum)
- monoclonal IgG bands in CSF and serum (myeloma, monoclonal gammapathy)





Oligoklonální IgG pásy v likvoru metodou isoelektrické fokusace.



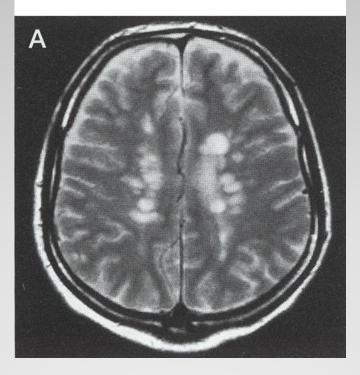
MRZ reaction

- intrathecal antiviral antibody synthesis
- M-measles, R-rubella, Z-varicella zoster viruses
- MRZ-biomarker of chronic autoimmune inflammatory process
- MRZ sensitivity in multiple sclerosis:84-92 %
- frequency and value of antibody indices increase in parallel with general intrathecal IgG synthesis

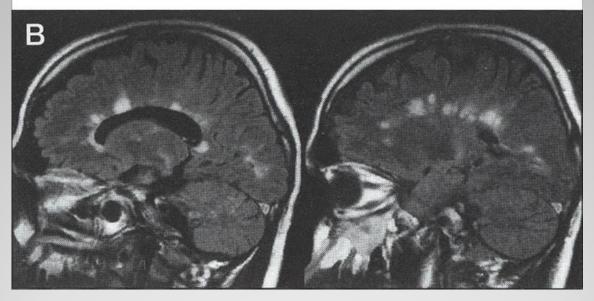
Polyspecific immune reaction in CNS and antibody indices

- Antibody index
- antibody index -AI reflects pathological, intrathecally produced fraction of specific antibodies in CSF
- reference range AI = 0.7-1.3
- patological values AI >1.4

Hyperintenzní ložiska v bílé hmotě u pacienta s roztroušenou sklerózou.



Hyperintenzní ložiska v bílé hmotě u pacienta s roztroušenou sklerózou v oblasti corpus callosum.



Neurological diseases with autoimmune pathogenesis

 <u>Paraneoplastic autoimmune neurological</u> <u>syndromes</u>

anti-Hu, anti-Yo, anti-Ri, anti-Ta/Ma2,anti-CV2, anti-amphiphysin, NMDAR

• <u>NMO - neuromyelitis optica Devic</u> demyelinating disease with specific IgG antibodies (NMO)-IgG (anti-AQP-4) immunobloting, immunohistochemistry

Neurological diseases with autoimmune pathogenesis

- <u>Systemic autoimmune diseases with CNS</u> <u>involvment</u>
- lupus erythematodes, Sjögren´s syndrome, Wegener´s granulomatosis -MRZ reaction
- AIDP Guillain-Barré syndrome
- Qalb > 6.5 x 10⁻³
- normal CSF cytology
- intrathecal Ig synthesis negative

Neuroborreliosis

- Dominant IgM intrathecal synthesis
- disease related pattern: IgM>IgA>IgG
- B-activated lymphocytes (intracytoplasmatic IgM)
- disturbance of blood-CSF barrier, i.e. Qalb > 6.5
- IgG OB-70% positive-monophasic course
- positive specific antibody synthesis (AI Bb >1.4)
- cytological finding mixed cell pleocytose