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rSj26-Sj32融合蛋白Dot-ELISA检测慢性日本血吸虫病患者血清IgG

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Detection of specific IgG in the Sera of Patients with Chronic Schistosomiasis Japonica by Dot-ELISA with the Recombinant Sj26-Sj32 Fusion Protein

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摘要 目的 探讨rSj26-Sj32融合蛋白对慢性日本血吸虫病患者的诊断价值。方法 分别用rSj26-Sj32融合蛋白和日本血吸虫成虫抗原(SjAWA)作为包被抗原,采用Dot-ELISA检测慢性日本血吸虫病患者(40例)血清IgG,同时以华支睾吸虫病(21例)、卫氏并殖吸虫病(13例)、泡型棘球蚴病(10例)、囊型棘球蚴病(9例)、乙型肝炎(20例)和肺结核患者(20例)及健康人(43例)血清作为对照。结果 rSj26-Sj32融合蛋白检测慢性日本血吸虫病患者的敏感性和特异性分别为92.5% (37/40) 和94.9% (129/136); SjAWA的为95.0% (38/40) 和91.9% (125/136),两种抗原检测率间的差异无统计学意义($P>0.05$)。两种方法与华支睾吸虫病、卫氏并殖吸虫病和泡型棘球蚴病患者血清均有不同程度的交叉反应;但与囊型棘球蚴病、乙型肝炎和肺结核患者血清均无交叉反应。rSj26-Sj32融合蛋白诊断慢性日本血吸虫病的阳性预测值、阴性预测值及诊断效率分别为84.1% (37/44)、97.7% (129/132) 和94.3% (166/176), SjAWA的为77.6% (38/49)、98.4% (125/127) 和92.6% (163/176)。两种方法检测率间的差异无统计学意义($P>0.05$)。结论 rSj26-Sj32融合蛋白可替代SjAWA,用于慢性日本血吸虫病的免疫诊断。

关键词: rSj26-Sj32融合蛋白 Dot-ELISA 日本血吸虫成虫抗原 免疫诊断

Abstract: Objective To study the diagnostic value of the Dot ELISA with rSj26-Sj32 fusion protein for chronic schistosomiasis japonica. Methods rSj26-Sj32 fusion protein and SjAWA were used to establish the HRP-IgG-Dot-ELISA. Serum samples from patients with chronic schistosomiasis japonica (40 cases), clonorchiasis sinensis (21 cases), paragonimiasis westermani (13 cases), alveolar echinococcosis (10 cases), cystic echinococcosis (9 cases), hepatitis B (20 cases), pulmonary tuberculosis (20 cases) and healthy persons (43 cases) were examined.

Results Sensitivity and specificity were respectively 92.5% (37/40) and 95.4% (41/43) for rSj26-Sj32-Dot-ELISA and 95.0% (38/40) and 93.0% (40/43) for SjAWA-Dot-ELISA, and there was no significant difference between two antigens ($P>0.05$). There were different cross reactions to the sera of patients with clonorchiasis sinensis, paragonimiasis westermani or alveolar echinococcosis, but no cross reaction to the sera of patients with cystic echinococcosis, hepatitis B or pulmonary tuberculosis. The positive and negative predictive value and efficiency of diagnosis of rSj26-Sj32-Dot-ELISA for chronic schistosomiasis japonica were 84.1% (37/44), 97.7% (129/132), and 94.3% (166/176), respectively, and those of SjAWA-Dot-ELISA were 77.6% (38/49), 98.4% (125/127), and 92.6% (163/176), respectively. There was no significant difference between the two methods ($P>0.05$). Conclusion rSj26-Sj32 fusion protein can be applied to immunodiagnosis for chronic schistosomiasis japonica.

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