

signs of bleeding disorders.

Several test systems are available to measure WF concentration and function. MEDLAB offers you state of the art, step-by-step diagnostic tools to identify and classify the type of Willebrand Disease in your patient.

**Sampling:** 2 mL of citrate plasma

|                            |                             |            |
|----------------------------|-----------------------------|------------|
| <b>Reference Interval:</b> | WF antigen                  | 50 - 160 % |
|                            | WF activity                 | 60 - 170 % |
|                            | WF activity (blood group 0) | 46 - 150 % |

## Xylose Absorption Test, Serum

f

**Related Information:** Endomysial Antibodies  
Gliadin IgG/IgA Antibodies

**Synonyms:** D-Xylose Absorption Test, Serum,

**Background:** D-xylose is absorbed in the duodenum and jejunum and excreted by the kidney. The test screens for carbohydrate malabsorption and differentiates from pancreatic insufficiency, since pancreatic enzymes are not necessary for xylose absorption. Diseases such as celiac disease, tropical sprue, M. Crohn, surgical bowel resection impair xylose resorption.

**Sampling:** Patient should be fasting at least for 4 h and remain in a supine position during the test. Patient should be withdrawn from interfering medications (aspirin, indomethacin, neomycin, glipizide, atropine). Draw first sample (1 mL serum) before administer 25 g xylose orally in water, 10% w/v in adults. In children use 0.5g/kg body weight. Draw second (1 mL serum) sample after 60 minutes.

|                            |   |               |
|----------------------------|---|---------------|
| <b>Reference Interval:</b> | Adult, 1 h, 25 g of xylose                      | > 25 mg/dL    |
|                            | Adult, 1 h, 25 g of xylose, renal insufficiency | > 20 mg/dL    |
|                            | Adult, 1 h, 5 g dose of xylose                  | 20 - 40 mg/dL |
|                            | Children < 12 years, 1 h, 5g dose               | > 20 mg/dL    |

## Yersinia enterocolitica and Yersinia pseudotuberculosis, Culture and Serology

f

**Background:** *Yersinia enterocolitica* and *Yersinia pseudotuberculosis* are gram negative oval rods. Transmission occur by contamination of food (milk, water, meat) with excreta from the reservoir animals such as pigs, goats, sheep, dogs, cats. *Y. enterocolitica* causes enterocolitis that is clinically indistinguishable from that caused by *Salmonella* or *Shigella*. It is characterized by abdominal pain, gastroenteritis and possibly bloody diarrhea. Both *Yersinia* sp. can cause an acute appendicitis resembling mesenteric adenitis. *Yersinia* infection may be associated with reactive arthritis and Reiter's syndrome, but *Salmonella* spp., *Shigella* spp. and *Campylobacter* spp. may also trigger these autoimmune diseases.

**Limitations:** Low antibody titers of IgG class may persist for years.

W-X

Y-Z