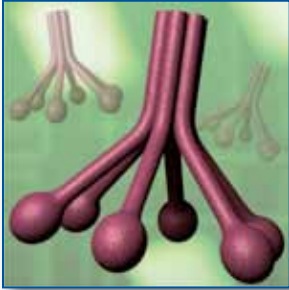
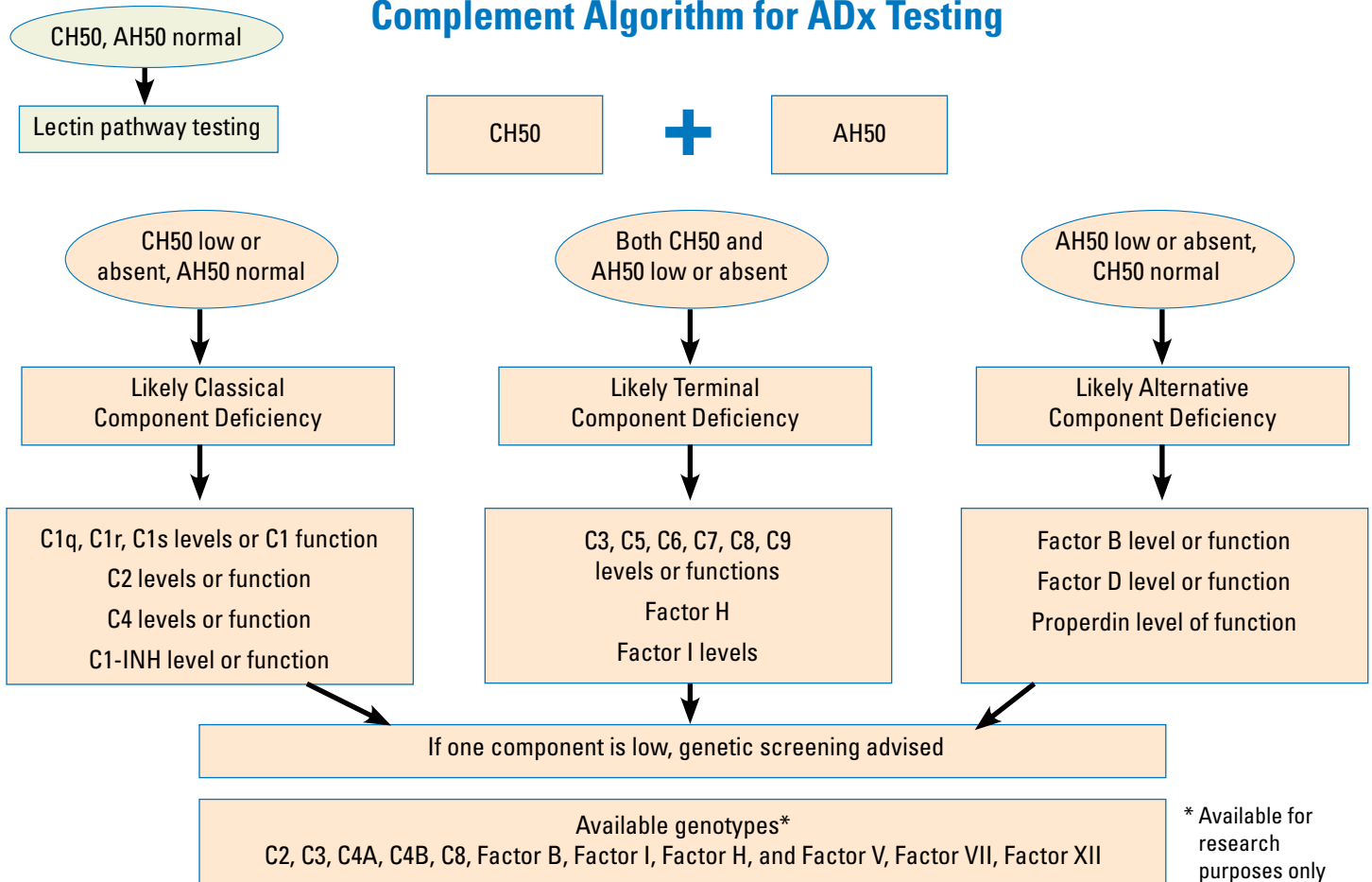


Complement Deficiencies

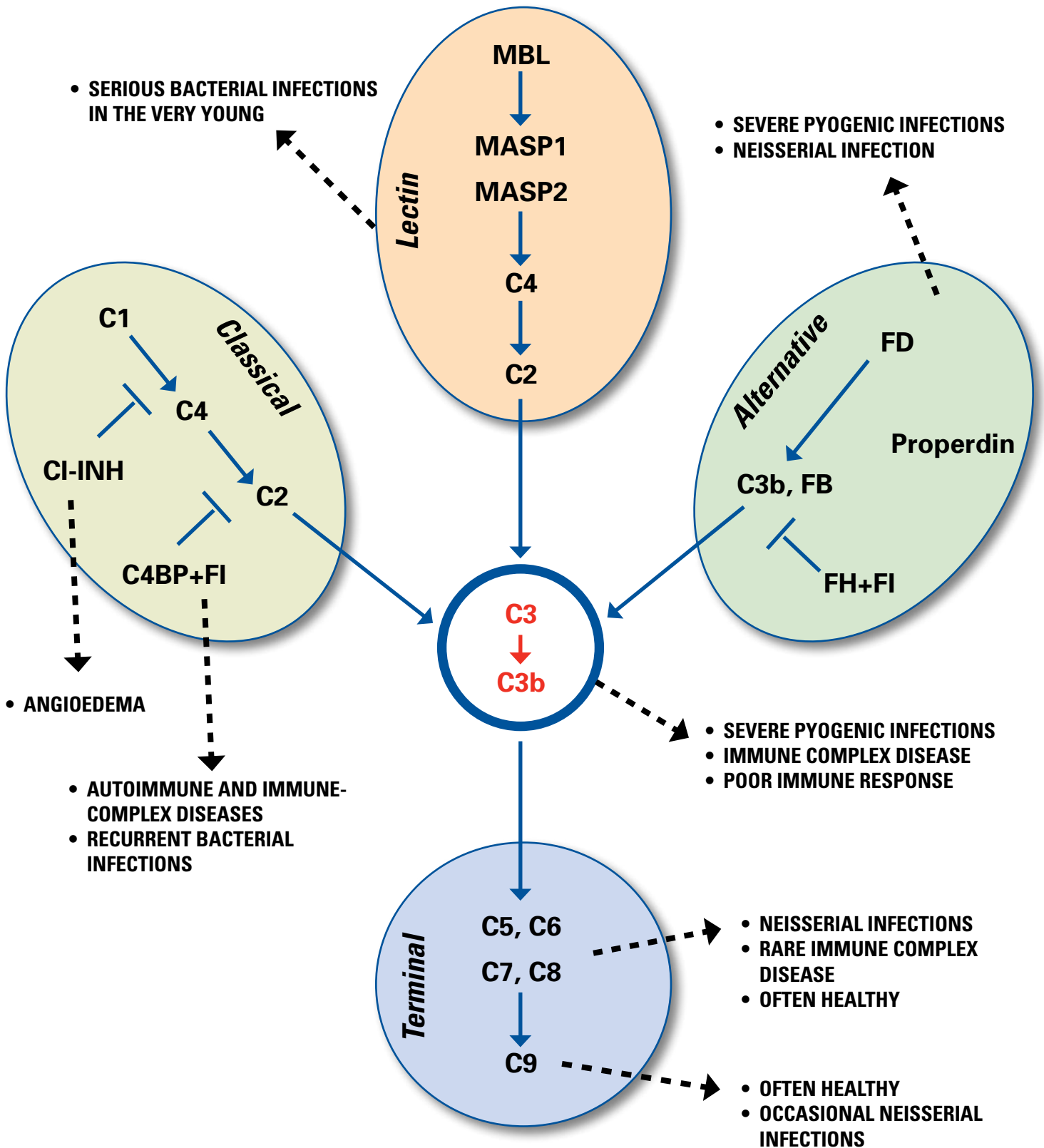


For patients with recurrent bacterial infections, an evaluation of the complement system is important. The workup for children in this category should include CH50 and AH50 testing for total complement function, with follow-up testing for components consistent with the results of these screens. Infections with *N meningitidis* or severe pyogenic infections call for prompt testing of the late components. Autoimmune disorders such as SLE are linked to deficiencies the early components of the classical pathway. Hereditary Angioedema, types I and II, is caused by a deficiency of C1-Inhibitor. New data implicate variant forms of the control protein, Factor H, with diseases as diverse as age-related macular degeneration, atypical hemolytic uremic syndrome and MPGN II. Since the disease that results depends on the specific complement defect, timely and accurate laboratory diagnosis is critical.

Complement Algorithm for ADx Testing



Complement Deficiencies and Related Diseases



Screening laboratory tests from Advanced Diagnostic Laboratories (ADx) are readily available and consist of initial CH50 (Classical Pathway activity) and AH50 (Alternative Pathway activity) assays.