Response to 'Serological diagnostics in the detection of IgG autoantibodies against human collagen VII in epidermolysis bullosa acquisita - a multicenter analysis'
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Response to ‘Serological diagnostics in the detection of IgG autoantibodies against human collagen VII in epidermolysis bullosa acquisita: a multicentre analysis’

DOI: 10.1111/bjd.16023

Dear Editor, In a recent retrospective study of 95 serum samples from patients with epidermolysis bullosa acquisita (EBA), Schmidt et al. conclude that the Col7A-NC1/NC2 enzyme-linked immunosorbent assay (ELISA; MBL, Nagoya, Japan) is superior to the NC1 ELISA, Western blot and indirect immunofluorescence (IIF) on salt-split skin (SSS), with a highest sensitivity of 97.9%.\textsuperscript{1} This sensitivity is an overestimation from a biased sample, as the serum samples had been preselected from patients with IgG reactivity fitting EBA according to the results of at least one of either IIF, enzyme-linked immunosorbent assay (ELISA) or Western blot. The deficiency in study design with an incorrect reference standard creates a bias in estimated test accuracy.

The message of the study, which was supported by an unrestricted grant from MBL, suggests that EBA is easily detected by the aforementioned commercial ELISA test. On the contrary, when a legitimate reference standard is used for retrospective selection of cases of EBA, such as direct immunoelectron microscopy (DIEM)\textsuperscript{2} or direct immunofluorescence (DIF) serration pattern analysis on skin biopsies,\textsuperscript{3} then the sensitivities of the Col7A-NC1 and Col7A-NC2 ELISAs are only 30% and 45%, respectively.\textsuperscript{3,4} The latter study also contained a prospective series of 20 cases of EBA and did not show much difference in sensitivity between Col7A-NC1/NC2 ELISA (45%) and IIF on SSS (40%).\textsuperscript{3}

In 1990, one of the pioneers of EBA stated that half of EBA cases are seronegative by testing on all substrates.\textsuperscript{4} The Col7A-NC1/NC2 ELISA test may therefore be a useful alternative to IIF on SSS for the diagnosis of EBA in seropositive cases but is not sufficient in half of EBA cases where diagnosis is dependent on skin biopsy by DIEM or DIF serration pattern analysis.

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Conflicts of interest: none declared.

Response to ‘Serological diagnostics in the detection of IgG autoantibodies against human collagen VII in epidermolysis bullosa acquisita: a multicentre analysis’: reply from authors

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Dear Editor, We appreciate the chance we have been given to address the critical comments raised by Jonkman et al.\textsuperscript{1} regarding the key messages of our multicentre study of epidermolysis bullosa acquisita (EBA).

As stated in the ‘Materials and methods’ section in our article, ‘all of the sera were from patients with EBA with positive DIF and were positive in at least one serological test (IIF/ELISA/WB).’\textsuperscript{1} This is the current gold standard for establishing