



Humanized Anti-Human LKM-1 Monoclonal antibody, clone H8B4 (CABT-L2414)

This product is for research use only and is not intended for diagnostic use.

PRODUCT INFORMATION

Product Overview

It is a Mouse/Human chimeric monoclonal antibody produced in transgenic mice by replacing the mouse sequence of the heavy chain constant region (IgM, IgG or IgA loci) by the corresponding human sequence. After immunization with the antigen of interest, generated antibody clones are cultivated by standard hybridoma techniques. They consist of the human constant region of the heavy chain, mouse variable region of the heavy chain and mouse light chain. The human constant region of the heavy chain can be directly recognized by the anti-human conjugate, which is used in numerous in vitro diagnostic assays.

Specificity	This antibody react with human LKM-1
Target	Human LKM-1
Isotype	IgG
Source/Host	Humainzed
Species Reactivity	Human
Clone	H8B4
Purification	Purified.Purity>95%
Conjugate	Unconjugated
Applications	IEP, WB
Format	Liquid
Size	100 µg, 1 mg
Buffer	Purified format supplied in 20mM HEPES, pH7.4, 250mM NaCl, 10% Glycerol

Supernatant supplied in IMDM, 10% FCS, 1% protein-free stabilizer

Preservative

None

Storage

at -70°C or below. Repeated freeze/thaw cycles should be avoided.

BACKGROUND

Introduction

Autoimmune hepatitis (AIH) is a chronic progressive liver disease of unknown origin that responds well to immunosuppressive therapy, but has a poor prognosis if untreated. Early and accurate diagnosis is therefore of great importance. AIH is characterized by histological features of periportal hepatitis in the absence of viral markers, by hypergammaglobulinemia and, in the majority of patients, by the presence of autoantibodies in serum. Anti-nuclear antibodies (ANA), smooth muscle antibodies (SMA), anti-liver kidney microsomal antibodies (LKM) and antibodies against soluble liver antigen (SLA) are marker autoantibodies for AIH. 52% of AIH patients are positive for ANA and/or SMA, 20% for SLA and 3% for LKM-1. These antibodies are of diagnostic value for AIH but the only autoantibodies highly specific for AIH are SLA. ANA/SMA also occur in 10-15% of patients with viral hepatitis and other immune-mediated diseases. LKM-1 are also associated with hepatitis C. Three types of LKM antibodies can be distinguished according to the target antigens. LKM-1 antibodies are directed against cytochrome p450 IID6, a 50 kDa cytoplasmic protein found in hepatocytes and renal proximal tubular cells. LKM-2 antibodies are associated with ticrynafen (tienilic acid) –induced hepatitis. The target antigen is cytochrome p450 IIC9, a cytochrome p450 isoenzyme that catalyzes the metabolic oxidation of the drug. LKM-3 antibodies are associated with chronic hepatitis D. The target antigen is UDP-1 glucuronosyl transferase. LKM-1 associated AIH predominantly occurs in girls between 2 and 14 years of age, thus determination of LKM-1 is very important in pediatrics.

Keywords

LKM-1; LKM-1 Ab; liver-kidney microsomes-1

GENE INFORMATION

Synonyms

LKM-1; LKM-1 Ab; liver-kidney microsomes-1
