

Serological diagnosis of jellyfish envenomations.

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1. A good correlation between the clinical and serological identification of envenomating jellyfish could be made on 30 healthy individuals and 74 patients stung by known species.
2. Six patients and one previous case were known to be false positive reactors.
3. Two of these individuals had dermatitis, one was asthmatic, three had previous significant hymenoptera envenomations and one was apparently normal.
4. Specific anti-jellyfish IgG serum concentrations would appear a few days after envenomation and persist for many months, even at high concentrations.
5. Significant numbers of patients exhibited cross reacting antibodies to other jellyfish, but no consistent pattern could be detected.
6. Significant titers were defined as those whose sera was positive after being be diluted 50-fold or greater.
7. Species specific IgM concentrations were regarded as significant only if their sera could be adsorbed against the homologous jellyfish antigen and the difference between adsorbed and non-adsorbed sera which were still positive was 50-fold.
8. Elevated persistent specific anti-jellyfish serum IgG concentrations which were still reactive if diluted 3000-fold were not protective against the cutaneous pain resulting from a natural sting.

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