

Henry Ford Health System

Henry Ford Health System Scholarly Commons

Case Reports

Medical Education Research Forum 2019

5-2019

Falsely Elevated Testosterone Levels: Role of LC-MS/MS

Sabrina Huq

Henry Ford Health System

Shiri Levy

Henry Ford Health System

Follow this and additional works at: <https://scholarlycommons.henryford.com/merf2019caserpt>

Recommended Citation

Huq, Sabrina and Levy, Shiri, "Falsely Elevated Testosterone Levels: Role of LC-MS/MS" (2019). *Case Reports*. 26.

<https://scholarlycommons.henryford.com/merf2019caserpt/26>

This Poster is brought to you for free and open access by the Medical Education Research Forum 2019 at Henry Ford Health System Scholarly Commons. It has been accepted for inclusion in Case Reports by an authorized administrator of Henry Ford Health System Scholarly Commons.



Falsely Elevated Testosterone Levels: Role of LC-MS/MS



Sabrina Huq, M.D., Shiri Levy M.D. Division of Endocrinology

Henry Ford Health System, Detroit, Michigan

Abstract

- Immunoassays are commonly used in clinical laboratories for analyzing protein antigens and steroid hormones, including testosterone
- Advantages: availability as commercial kits, low cost, simplicity
- When there is discordance between clinical scenario and laboratory tests consider laboratory errors, including interfering substances

Case Report

- A 17-year-old female with facial acne was referred to us for elevated testosterone levels
- She was of Greek descent and reported having had coarse dark hair growth on upper lip, chin, chest for which she previously underwent laser therapy
- Her menstrual cycles were regular and predictable
- On physical examination, she was normotensive with BMI of 22kg/m². She had coarse dark hair on upper abdomen, lower abdomen and medial thighs with Ferriman-Gallwey score of 7, genital exam did not reveal clitoromegaly
- On initial testing, serum total testosterone was 417ng/dL (range: <75ng/dL)

Laboratory Values

Initial test results:

	4/12/2018 0844	4/16/2018 0815	4/20/2018 1301
ENDOCRINOLOGY			
Androstenedione			144 *
Calc Bioav. Testos...		147.7 ▲	156.2 ▲
Calc Free Testoste...		6.3 ▲	6.7 ▲
Estradiol			50 *
Free Androgen Index		29.9 ▲	29.8 ▲
FSH			4.7 *
Insulin	8		
LH			6.5 *
17-Hydroxyprogeste...	71 *		
Progesterone	1.1 *		
Prolactin	4.8		
Testosterone Evalu...		Free and Bioav... *	Free and Bioav... *
Testosterone, total	417 ▲	369 ▲	422 ▲
Sex Hormone Bindin...		42.8	49.1

Imaging Tests

- Pelvic and renal ultrasound: normal appearing ovaries, kidneys and adrenal glands
- MRI requested, not done prior to endocrine evaluation

Clinical Course

- Suspected falsely elevated testosterone levels since clinical scenario was discordant from laboratory test results
- On dilution, results were non-linear indicating interference
- Total testosterone levels after addition of heterophilic antibody blocking reagent resulted as 114ng/dL (from 422ng/dL) which indicated heterophile antibody interference.
- To obtain true testosterone levels, we repeated the test using liquid chromatography tandem-mass spectrometry (LC-MS/MS) which revealed total testosterone level as **19ng/dL**
- Pending MRI was canceled

Heterophilic Antibodies: When to suspect interference?

Lab results discordant from clinical picture

- Patients with history of previous false results in immunometric assays
- Patients previously exposed to animal antibodies similar to assay antibodies
- Patients with seropositive rheumatic disease
- When results strongly impact treatment e.g tumor marker hCG

Discussion

- Immunoassays, although widely used, are limited by cross-reactivity, matrix effects and heterophilic antibodies
- LC-MS/MS has superior performance and sensitivity for measurements at low concentrations including steroid hormones such as testosterone, estradiol, cortisol, 17-hydroxyprogesterone
- Repeat testing using LC-MS/MS for steroid hormones, such as testosterone, should be considered to prevent unnecessary repeat testing and imaging when clinical picture and laboratory tests are discordant

References

- Falsely elevated testosterone due to heterophile antibodies. *Obstet Gynecol.* 2012 Aug;120(2 Pt 2):455-8. doi: 10.1097/AOG.0b013e318253d211
- When is elevated testosterone not testosterone? When it is an immunoassay interfering antibody. *Fertil Steril.* 2008 Sep;90(3):886-8. Epub 2007 Oct 22
- Carvalho VM. The coming of age of liquid chromatography coupled to tandem mass spectrometry in the endocrinology laboratory. *Journal of chromatography B, Analytical technologies in the biomedical and life sciences.* 2012;883-884:50-8.
- Sturgeon CM, Viljoen A. Analytical error and interference in immunoassay: Minimizing risk. *Ann Clin Biochem.* 2011;48:418-32. doi:10.1258/acb.2011.011073.