Table 2 Variables influencing galactomannan ELISA testing

Related to the patient Age

Underlying disease

Previous use of antimicrobial drugs, including antifungals

Auto-immunity

Dialysis

Related to the Aspergillus species

Disease severity

Sample volume

Cut-off

Storage of sampling

Frequency of testing

Laboratory experience

Aspergillus infection

Related to the method

Table 3 Factors associated with a false-negative and false-positive results with galactomannan ELISA testing

False-negative	False-positive
Non-neutropenic patient	Use of antibiotics
Previous exposure to antifungal drugs	Pediatrics and neonates
Cut-off too high	Infections caused by Penicillium species
Inappropriate diagnostic criteria	Dialysis
Low frequency of testing	Auto-antibodies
Disease of low severity	Contaminated cotton swabs
Low volume of sampling	Bacteremia
Long term storage	Airway colonization
Mycopathologia (2007) 163:191–202	with Aspergillus

Se of Bronchoalveolar Lavage To Detect Galactomannan for Diagnosis of Pulmonary Aspergillosis among Nonimmunocompromised Hosts

M. Hong Nguyen,et.al ; Department of Medicine, University of Florida College of Medicine, Gainesville, Florida

- All six patients had a BAL GM level of >1.18.
- The sensitivity, specificity, and negative predictive value (NPV) for a BAL GM level of >1.0 were 100%, 88.1%, and 100%, respectively.
- Notably, the positive predictive value (PPV) was only 42.9%, likely reflecting the low prevalence of pulmonary aspergillosis among nonimmunosuppressed patients.

JOURNAL OF CLINICAL MICROBIOLOGY, Sept. 2007, p. 2787–2792

TABLE 2. Performance of tests for diagnosing pulmonary aspergillosis

Test and cutoff	Sensitivity (%) (no. of positive samples/total no. of samples) (range)	Specificity (%) (no. of positive samples/total no. of samples) (range)	PPV (%) (no. of positive samples/total no. of samples) (range)	NPV (%) (no. of positive samples/total no. of samples) (range)
BAL GM				
≥0.5	100 (6/6) (54.1–100)	77.6 (52/67) (65.8–86.9)	28.6 (6/21) (11.3-52.2)	100 (52/52) (93.2-100)
≥1.0	100 (6/6) (54.1–100)	88.1 (59/67) (77.8–94.7)	42.9 (6/14) (17.1–71.1)	100 (59/59) (93.9–100)
≥1.5	66.7 (4/6) (22.3–95.7)	91 (61/67) (81.5–96.6)	40 (4/10) (12.2–73.8)	96.8 (61/63) (89.3–99.6)
≥2.0	66.7 (4/6) (22.3–95.7)	94 (63/67) (85.4–98.4)	50 (4/8) (15.7–84.3)	96.9 (63/65) (89.3–99.6)
≥2.5	50 (3/6) (11.8–88.2)	95.5 (64/67) (87.5–99.1)	50 (3/6) (11.8–88.2)	95.5 (64/67) (87.5–99.1)
Serum GM ^a				
≥0.5	60 (3/5) (14.7–94.7)	91.7 (11/12) (61.5-99.8)	75 (3/4) (19.4–99.4)	84.6 (11/13) (54.6-98.1)
≥1.0	40 (2/5) (5.3–85.3)	91.7 (11/12) (61.5–99.8)	66.7 (2/3) (9.4–99.2)	78.6 (11/14) (49.2–95.4)
BAL culture	66.7 (4/6) (22.3–95.7)	94 (63/67) (85.4–98.4)	50 (4/8) (15.7–84.3)	96.9 (63/65) (89.3–99.6)
BAL microscopy ^b	80 (4/5) (28.4–99.5)	96.9 (63/65) (89.3–99.6)	66.7 (4/6) (22.3-95.7)	98.4 (63/64) (91.6–100)
BAL culture or microscopy	100 (6/6) (54.1–100)	92.5 (62/67) (83.4–97.5)	54.5 (6/11) (23.4–83.2)	100 (62/62) (94.2–100)

^a The serum GM test was performed for only 17 patients.

^b BAL microscopy was performed for only 70 patients. JOURNAL OF CLINICAL MICROBIOLOGY, Sept. 2007, p. 2787–2792

