

Evaluation of an elevated Serum LD

(> 300 U/L)

Suggested scheme for evaluation of a high serum LD

Possible causes

Further investigations

Exclude

In vitro Haemolysis
delayed serum separation

High K⁺ values and/or
High PO₄ values

Serum LD > 4,000 U/L

Consider

Malignancy
Pernicious anaemia
(values for pernicious anaemia may exceed 9,000 U/L)

Serum LD < 4,000 U/L

Liver disease

Hepatocellular
Cholecystitis

LFTs

Cardiac disease

Infarction
Myocarditis
CCF

AST: Elevated
CK: Elevated

Pulmonary disease

Embolism
Pneumonia

AST: Normal

Muscle disease

Injury
Severe exercise
Muscular dystrophies

AST: Elevated
CK: Elevated

Haematological

Haemolysis (*in vivo*)
Megaloblastic anaemia
Leukaemia
Lymphoma

Blood examination
Serum Bilirubin
Serum Haptoglobin

Malignancy

All malignancies
(25–80% have an elevated LD)

Clinical assessment

Infections

Viral
Bacterial
Glandular Fever

Clinical assessment

Autoimmune disorders

Rheumatoid arthritis
SLE
Dermatomyositis
Scleroderma
Sjögren's Syndrome
Vasculitis

Clinical assessment
RF, anti CCP, ANA,
anti DS DNA

Cause unclear

LD-isoenzyme evaluation