

Immunodeficiency Disorders

By Melissa Pugliano-Mauro, MD, and Wendy Myers, MD. (Updated July 2015*)

| DISEASE | INHERITANCE/GENE | INFECTIONS | KEY IMMUNOLOGIC FEATURES | MALIGNANCY | CLINICAL MANIFESTATIONS | TREATMENT |
|---|--|--|---|---|---|--|
| X-linked Agammaglobulinemia (Bruton Syndrome) | <ul style="list-style-type: none"> X-linked recessive (90%) AR (10%) Bruton tyrosine kinase (Btk): maturation block in pre-B cell to B-cell differentiation | Gram-positive pyogenic infections | <ul style="list-style-type: none"> Absent IgM, A, D, E Small amount of IgG B cells lacking CMI intact | Lympho-reticular malignancies, especially leukemia | Atopic dermatitis, vasculitis, urticaria, no palpable lymph nodes (no germinal centers), diarrhea and growth failure | IVIg |
| Isolated IgA deficiency | <ul style="list-style-type: none"> AD or AR: TNFRSF13B gene Acquired (phenytoin or chemotherapy) Defect in maturation of B-cell as it develops into IgA-producing plasma cell | One half have repeated infections | <ul style="list-style-type: none"> Absent or low IgA One half have Anti-IgA antibodies | Risk is increased | <ul style="list-style-type: none"> 1 out of 600 white persons Most common immunodeficiency disorder Anaphylaxis to IVIG or transfusions Asthma, autoimmunity (increase collagen vascular disease [SLE], celiac, UC, vitiligo) Atopic dermatitis | |
| Common Variable Immuno-deficiency (CVID) | <ul style="list-style-type: none"> Acquired HLA B8 & DR3 | Recurrent sinopulmonary infections | <ul style="list-style-type: none"> Most Ig classes low with no antibodies to bacterial antigens B cells are present but abnormal differentiation | <ul style="list-style-type: none"> Lympho-reticular malignancies: lymphoma (400-fold) Increase risk of cancer (10-fold overall) | <ul style="list-style-type: none"> Second most common immunodeficiency disorder (after IgA deficiency) Ecematous dermatitis, pyoderma, moniliasis, verruca, dermatophyte infections Autoimmunity (vitiligo, alopecia areata, hemolytic anemia, ITP, vasculitis), GI abnormalities Cutaneous and visceral non-infectious granulomas | |
| Immuno-deficiency with Hyper IgM | <ul style="list-style-type: none"> X-linked: CD40LG (CD40 ligand on T cells) AR: CD40 (on B cells) | Respiratory infections, otitis media | <ul style="list-style-type: none"> Normal or elevated IgM, D Low or absent IgG, A, E Recurrent neutropenia | | <ul style="list-style-type: none"> Autoimmunity (thyroiditis and hemolytic anemia) Painful oral and anogenital ulcers, diarrhea, widespread therapy-resistant warts | IVIg, allogenic BMT |
| Cartilage-hair Hypoplasia Syndrome | <ul style="list-style-type: none"> AR: RMRP gene encodes RNA component of ribonucleoprotein endoribonuclease Commonly in Amish and Finns | Severe varicella zoster and HSV infections | <ul style="list-style-type: none"> Defective CMI Minority of patients with defective humoral immunity Hypoplastic anemia | Non-Hodgkin's lymphoma and BCC | <ul style="list-style-type: none"> Short-limbed dwarfism, fine sparse hypopigmented hair, doughy skin with abnormal elastic tissue Hirschsprung disease, impaired spermatogenesis | |
| Omenn Syndrome | <ul style="list-style-type: none"> AR: RAG-1 and RAG-2 Form of SCID | Recurrent infections | <ul style="list-style-type: none"> Hypogammaglobulinemia with elevated IgE Antibody production and CMI impaired Eosinophilia TcR rearrangements restricted with inefficient and/or abnormal generation of TcR | | <ul style="list-style-type: none"> Mimics GVHD Exfoliative erythroderma (starting at a few weeks old) with alopecia Diarrhea, HSM, LAD, early death | |
| Severe Combined Immuno-deficiency (SCID) | <ul style="list-style-type: none"> X-linked Rec: deficiency of γ chain of IL-2 receptor (most common); IL2RG AR: adenosine deaminase or JAK3 | <p><i>Pseudomonas</i>, <i>Staph</i>, <i>Enterobac-teriaceae</i>, and <i>Candida</i></p> <p>Viral infection; usual cause of death</p> | <ul style="list-style-type: none"> Impaired humoral and CMI Deficiency or total absence of circulating lymphocytes Mature T cells absent B cells normal or decreased Ig's low Lack NK cells | | <ul style="list-style-type: none"> Thymus is small or absent Triad: moniliasis of oropharynx and skin, intractable diarrhea and pneumonia Recurrent infections, failure to thrive and intractable diarrhea apparent within first few months of life Morbilliform eruption/seborrheic dermatitis-like/LP-like/sclero-dermatous—GVHD secondary to in utero maternal lymphocytes, nonirradiated transfusions | BMT, antibiotics, irradiated blood products, gene therapy, recombinant IL-2 infusion |



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| Wiskott- Aldrich Syndrome | • X-linked recessive: WASP gene encodes WASP protein, which is important in lymphocyte and megakaryocyte signal trans-duction and actin filament assembly; • Impairs T cell activation and NK cell function. • Important in regulation of high affinity IgE receptor on mast cells | • Pyoderma, recurrent sinopulmonary infections (e.g. suppurative otitis media), infections with encapsulated organisms (e.g. pneumonia and meningitis) • Increased susceptibility to HSV (eczema herpeticum) | • Elevated IgA, D, E • Decreased IgM • Low or NL IgG • Impaired humoral and CMI | Lymphoreticular malignancy (up to ¼ of survivors develop lymphoma) | • Triad: chronic eczematous dermatitis, infections, thrombocytopenia with splenomegaly and purpura • Bloody diarrhea may distinguish this from SCID • Molluscum, HSV | Platelet transfusions, splenectomy, IVIG, BMT |
| Chronic Granuloma-tous Disease | X-linked recessive: gp91-phox (phagocyte oxidase) gene; CYBB gene which leads to absence of NADPH oxidase activity AR (24%): p47 and p67-phox genes; CYBA, NCF 1 and 2 | <i>Staph aureus</i> , <i>Aspergillus fumigatus</i> , <i>Burkholderia cepacia</i> , <i>Candida</i> spp., atypical mycobacteria | • Deficiency of NADPH-oxidase complex with defective ability to generate hydro-gen peroxide and inability to kill intracellular organisms • Elevated IgG, M, A • Neutrophil leukocytosis | | • Eczema of the scalp, backs of ears, face • Putulent and granulomatous infections of long bones, lymphatic tissue, liver, skin and lungs • Ulcerative stomatitis, furunculosis, subcutaneous abscesses and suppurative LAD • Nitro-blue tetrazolium (NBT) is low/no blue color change • Female carriers: increased infections, arcuate dermal and DLE-like skin lesions, and aphthous stomatitis | • BMT/ stem cell transplantaion • Prophylaxis with trimethoprim-sulfametho- xazole and itraconazole • IFN-γ to reduce frequency of infections |
| Chediak-Higashi Syndrome | AR: LYST (lysosomal trafficking regulator) gene which leads to defective vesicular transport to and from the lysosome, causing giant perinuclear vesicles in neutrophils (leukocytes with large azurophilic giant granules), melanocytes and neurons | Enteric bacterial organisms, bacterial sinusitis & pneumonia (<i>S. pyrogenes</i> , <i>S. pneumoniae</i>), superficial pyodermas | • Neutropenia • Neutrophils do not phagocytose normally and there is defective chemotaxis • Ig's normal • Melanocytes—pigmentary dilution • Neurons— progressive deterioration | • Lymphoma or other cancers usually cause early death • 85% with accelerated phase: lympho- histiocytic proliferation with infiltration of liver, spleen and LNs | • Light blond hair with silver sheen (small regularly spaced clumps of melanin on light microscopy), pigmented nevi, slate-gray skin color, bruises • Ocular albinism with nystagmus and photophobia • Pancytopenia • HSM • Platelet storage pool deficiency—petechiae, gingival bleeding, ecchymoses, epistaxis | BMT is treatment of choice and should be performed early (before accelerated phase) |
| Griscelli Syndrome | AR: Myosin-Va or RAB27A genes play a role in membrane transport and organelle trafficking, e.g. transfer of melanosomes | Pyogenic systemic infections | | Accelerated phase as well | • Neutropenia, thrombocytopenia • Silver-gray hair, eyebrows and eyelashes (uneven clusters of melanin in the medulla on light microscopy) • Pigment dilution of the skin • HSM | BMT |
| Hyperimmuno-globulinemia E Syndrome (including Job Syndrome) | AD: STAT3 gene (signal transducer and activator of transcription 3) is critical to IL-6 pathway (acute phase response) AR: DOK8 gene | Furunculosis, sinopulmonary infections, cold abscesses <i>S. aureus</i> , <i>Candida</i> spp., Strep | • High IgE, D and IgE anti-staph antibodies • Eosinophilia • Chemotaxis of neutrophils and monocytes impaired | | • Eczema, coarse facies, papular prurigo, keratoderma of palms and soles • Recurrent OM, bronchitis/ pneumonia, chronic mucocutaneous candidiasis, furuncles, carbuncles and abscesses • Osteopenia with fractures, scoliosis and dental abnormalities (retention of primary teeth) • Job Syndrome: females with red hair, freckles, blue eyes and hyper-extensible joints with cold abscesses | |

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*Reviewed and updated July 2015 by: Alina Goldenberg, MD, Emily deGolian, MD, and Sharon Jacob, MD.

Abbreviations:

AD: autosomal dominant
AR: autosomal recessive
BCC: basal cell carcinoma
BMT: bone marrow transplant
CM: cell mediated immunity
GVHD: graft versus host disease
HSM: hepatosplenomegaly
HSV: herpes simplex virus
Ig: immunoglobulin
ITP: idiopathic thrombocytopenic purpura
LAD: lymphadenopathy
LN: lymph nodes
NCF: neutrophil cytosol factors
NL: normal
OM: otitis media
TcR: T cell receptor