

Unknown combined immunodeficiency with T cell lymphopenia



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Medical history

- X.Y., male, DOB: 26.02.2000
- the second child, non consanguineous parents.
Maternal uncle's son – CF in susp., sweat chlorine 65 mmol/l, genetic testing not confirmed CF.
- normal gestation, birth weigh - 4250 g, hight 55 cm.
- Vaccinations: BCG, HB1 at birth,
DTPa₁₋₂₋₃₋₄+IPV₁₋₂₋₃₋₄, Hib₁₋₂, DT₅, OPV₅, HA from 2 year old without complications.

An.morbi

- At the 2 weeks of age – **pemphigus neonatorum**;
- 5 months - **sepsis**: pneumonia, enterocolitis, hepatosplenomegaly, mucocutaneous fungal infections, pyoderma. (*Staph.aureus* from the pus and stool culture)
- 6 months - **sepsis**: toxic-septic shock, bilateral pneumonia with r. atelectasis S_{6,9,10}, DIC syndrome, liver's abscess in susp.
(mechanical ventilation for 2 weeks and non irradiated blood component's transfusions (EM, TM, plasma);
(*Staph. aureus*, *Pseudomonas aeruginosa*, *Str. pneumonia*, *Candida sp.* from intubation tube).

An.morbi

■ 7-8 months

- **pneumonia** with bronchial obstruction and pur. mucus,
- **hepatosplenomegaly**.

■ 10 months – **cystic fibrosis** due to recurrent chest infections, viscid mucus in the small airways, malabsorption, failure to thrive, cholestasis. (*Moraxella cath.*, *Strept. α hemolyticus*, *Candida* from BAL)

■ 1-2 years

- recurrent fevering, repeated episodes of cough with purulent sputum, persistent changes in the right lung,
- **cholestatic hepatitis**, **hepatosplenomegaly**.

Portal hypertension was excluded by sonography, EGDF.

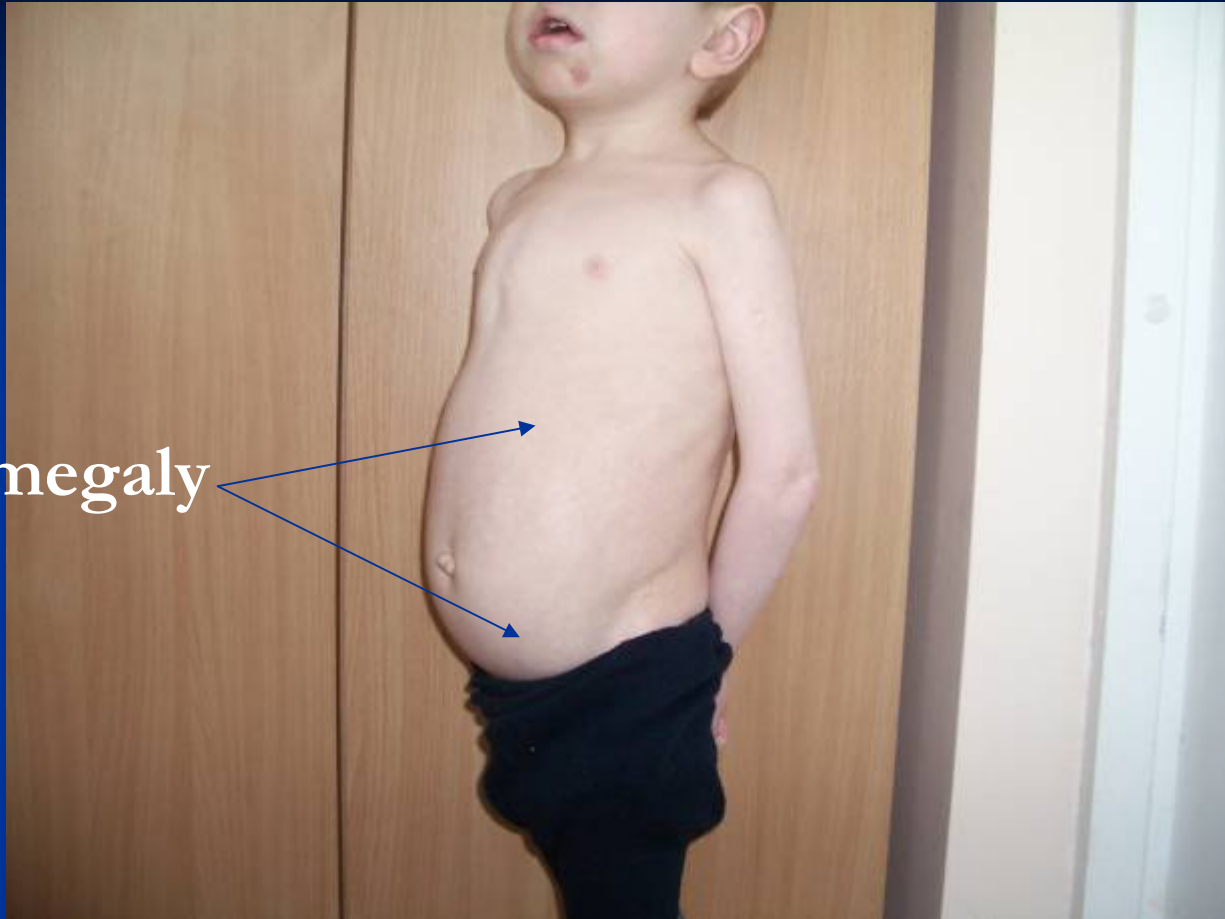
An.morbi

- 2-3 years:
- recurrent purulent skin diseases, flegmona, furunculosis (*Staph.aureus*) prolonged wound healing,
- 2 episodes of bone fractures, hyperextensibility,
- gingivostomatitis (*Candida sp*),
- rec. pneumonia (*Strept. pneumonia*, *Moraxella*, *H. influenza*)



■ 4 - 5 years:

🕒 Splenomegaly



The **spleen biopsy** (5 years) histology:

- reactive hyperplasia of lymphoid follicles,
- signs of splenitis,
- extramedullar focus of haemopoiesis.

An.morbi

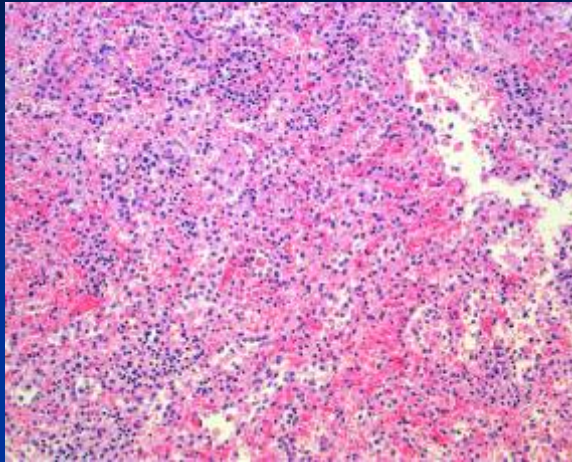
■ 5 - 6 years:

- chr. diarrhea (steatorrhea, lactose intolerance),
- mucositis, esophagitis (*Candida sp.*),
- urinary tract infection (*E.coli*, *Klebsiella pneumonia*),
- pneumonia (*Moraxella*, *Staph.aureus*, *Pseudomonas aeruginosa* IBL, *Strept.pneumonia*, *Staph. epidermidis*, fungal in susp.)

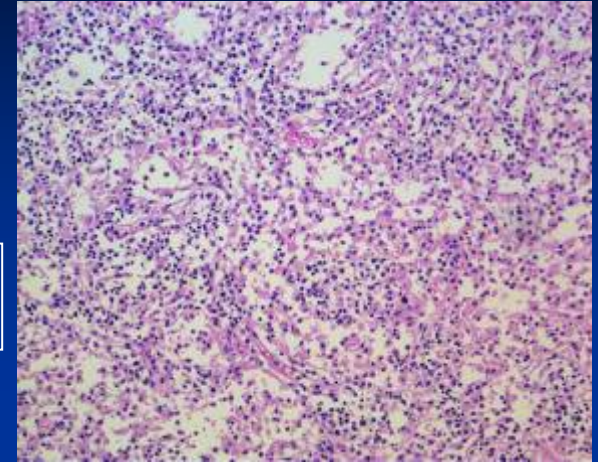
- 6 y: **sepsis**: enterocolitis (*Pseudomonas aeruginosa* IBL, *Candida*, *Campilobacter jejuni*), bilateral polisegmental pneumonia, otitis, DIC syndrome, hepatosplenomegaly (fatal outcome).

Pat anatomical findings

Spleen



Lymphnode

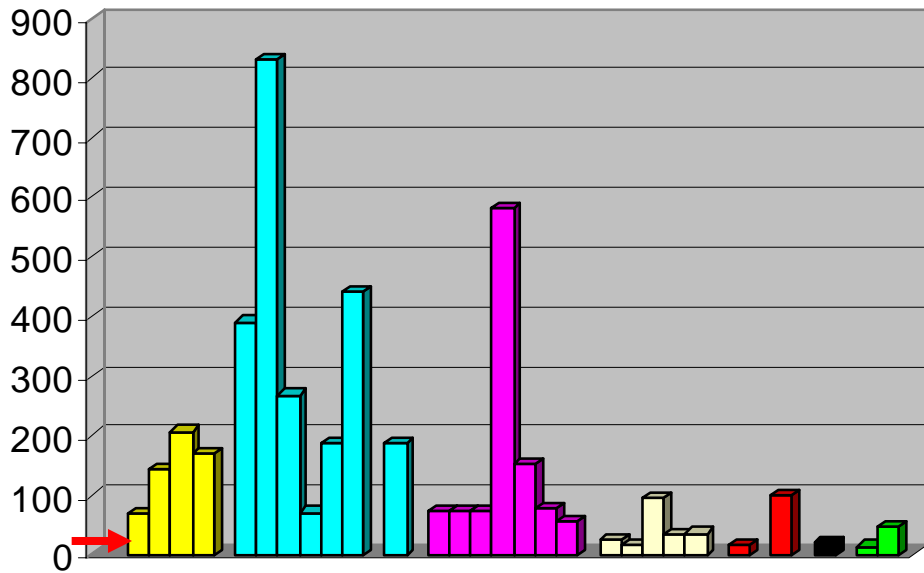


- ***Mb. princ.:***

Primary combined immunodeficiency (D81.9).

- ***Complications:***

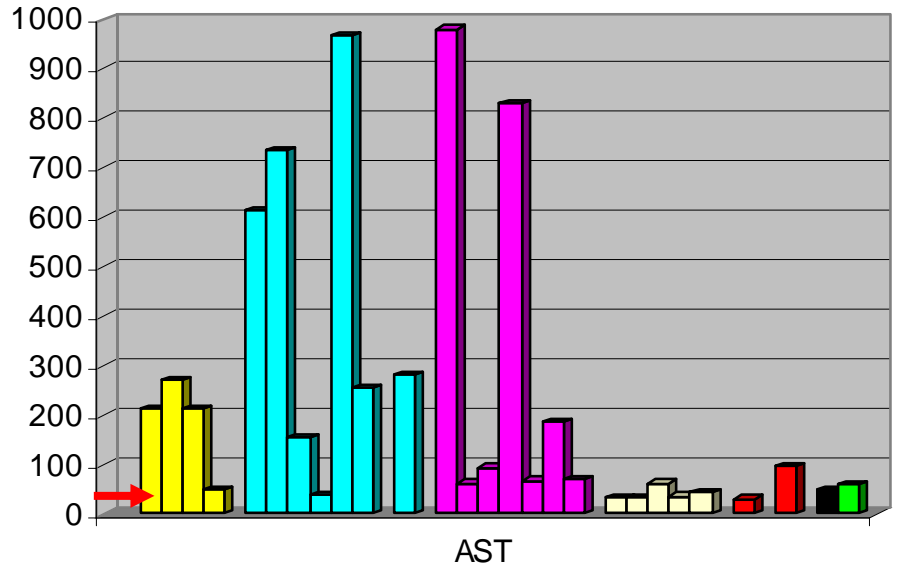
Sepsis: bilateral pneumonia, r. lung's abscesses, non exudative pleuritis, diffuse alveoles' lesion syndrome, oesophagitis ulcerosa, ulcerated enterocolitis, splenomegaly. Hepatic cirrhosis.



ALT

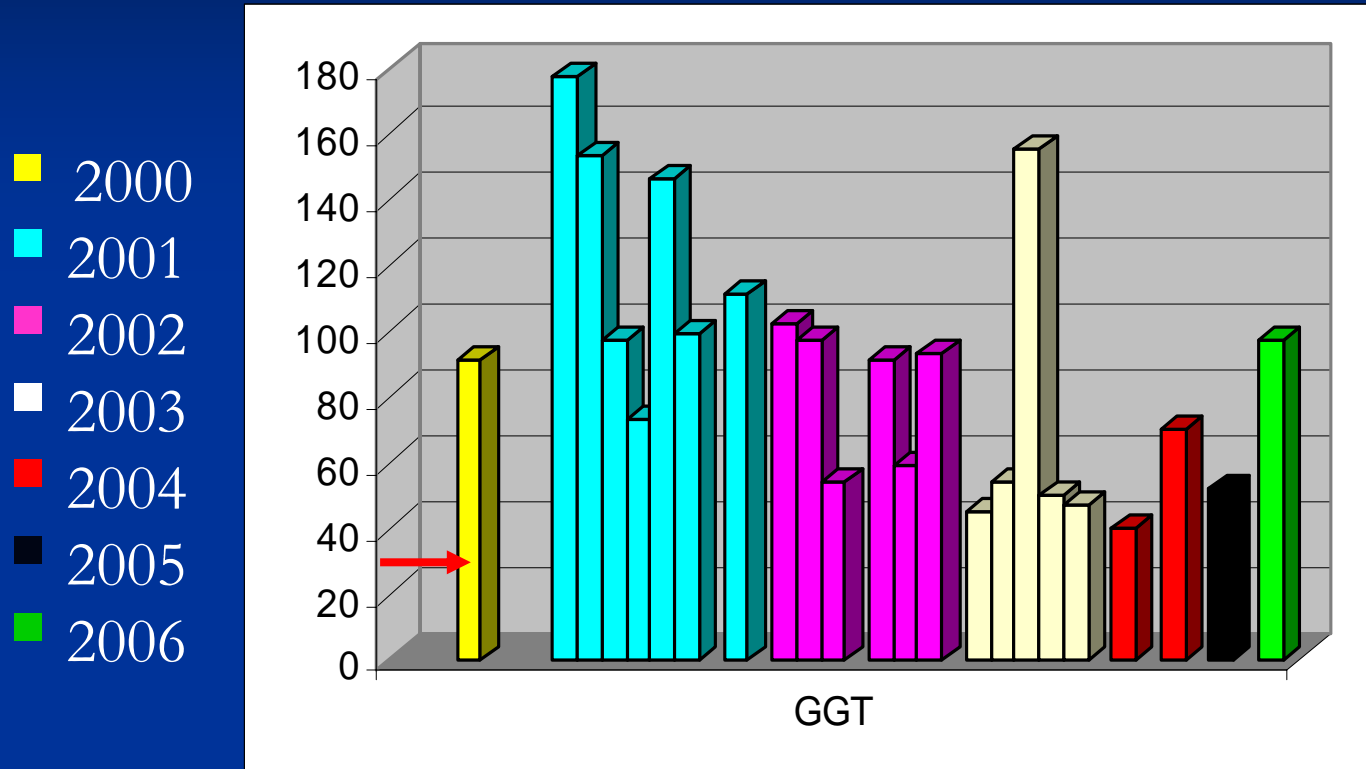
AST

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006



AST

γ -GT



Alkaline phosphatase (AP) level was normal (N: 250-950 U/L)

Serum bilirubin levels were normal, except one episode of increased total and direct bilirubin at 2 year old (2002). (TB- 56,4; DB-21,9 mmol/l, N: <17/<4,5)

Abdominal US

- **6 month** - enlargement of liver, increased echogenicity, regular surface, normal vascularization. Hypodensic focuses, ~1-2 cm in diameter with fluid inclusions in the right hepatic lobe.
 - **CT**: A hypodensic focus, ~1.6 x 0.7 cm in diameter, was seen in the right hepatic lobe by CT. Liver's ducts not dilatated.
- **1 - 5 year** of age - nonhomogenous internal liver's structure, v.portae branches were infiltrative, increased echogenicity of intrahepatic ducts' walls. Splenomegaly.
 - EGDF – normal. Sonography of v. portae system – **PH excluded** (2001.12).
- **6 year** of age - hepatomegaly - right lobe 13,0 -17,4 cm (N: 6,0-7,4 cm), increased echogenicity, nonhomogenous structure; splenomegaly -147- 200 mm (N: 49-58 mm), homogenous structure. Ascites.

Laboratory analysis

- Sweat chlorine 47 mmol/l (N)
CF genetic testing: F 508 del (-)
(R 553X, G542G, G551D, H
1303K, CFTR dele 23 (21 hb)
will be done)
- Normal α -1 antitrypsin level
2,2 g/l (N:0,9-2,0 g/l).
- Bone marrow investigation –
normal.
- Total protein level: 71-52-61-
67-57 - 37g/L (N: 66-83),
- Albumin 29,2 g/l (N:38-54).
- α amilase 57 U/L (N:0-220)
- CK 163 U/L (N:24-170)
- LDH 2966-997-615 U/L
(N<1100)
- K^+ , Na^+ , Ca^{++} , Cl^- , glucose –
normal.

Laboratory analysis

- Serology for hepatitis A, B, C, HSV, HIV(-),
- toxoplasmosis (-),
- CMV IgM (-), IgG (+)(1.16, pos.> 0.2),
- RPR screening test negative.
- Mantoux test negative.

- anti-dsDNA (-), CIC (-)
- A (II), Rh D+, D.Coombs test positive.

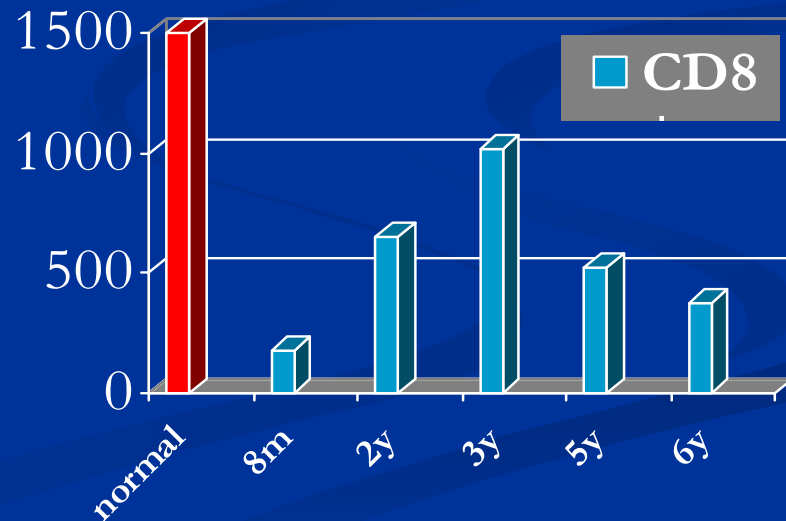
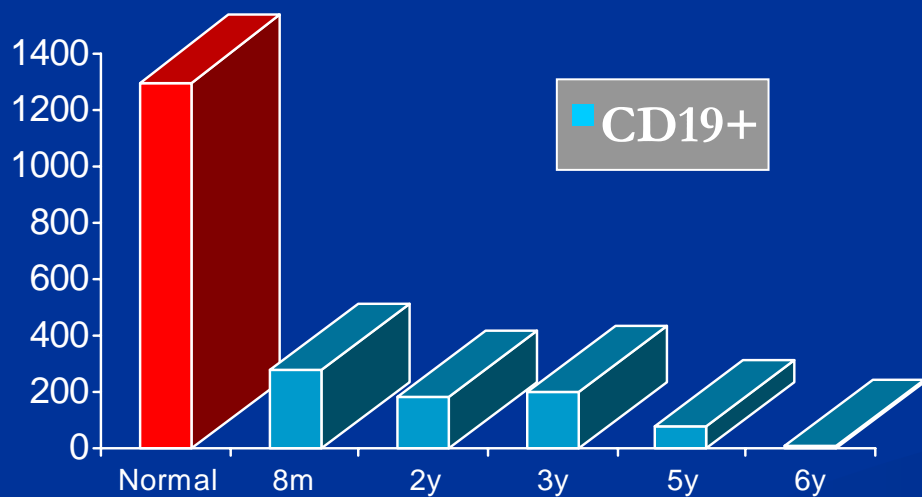
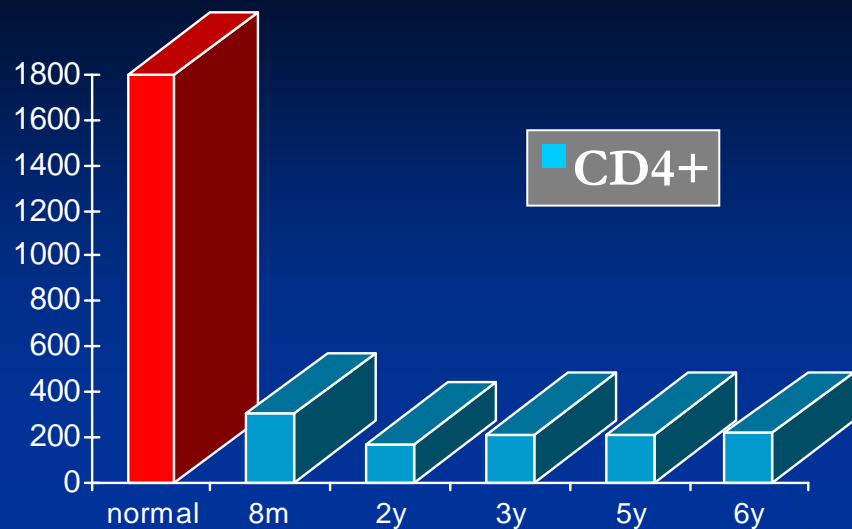
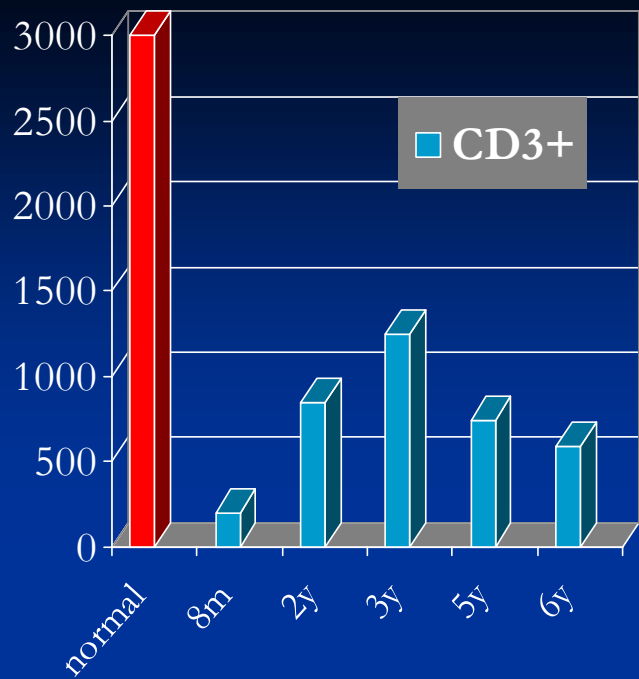
- Bacteriologically:
Staph. aureus,
Pseudomonas aeruginosa,
Str. pneumonia,
H. influenza,
Klebsiella pneumonia,
Campilobacter jejuni,
Candida sp.

Laboratory analysis

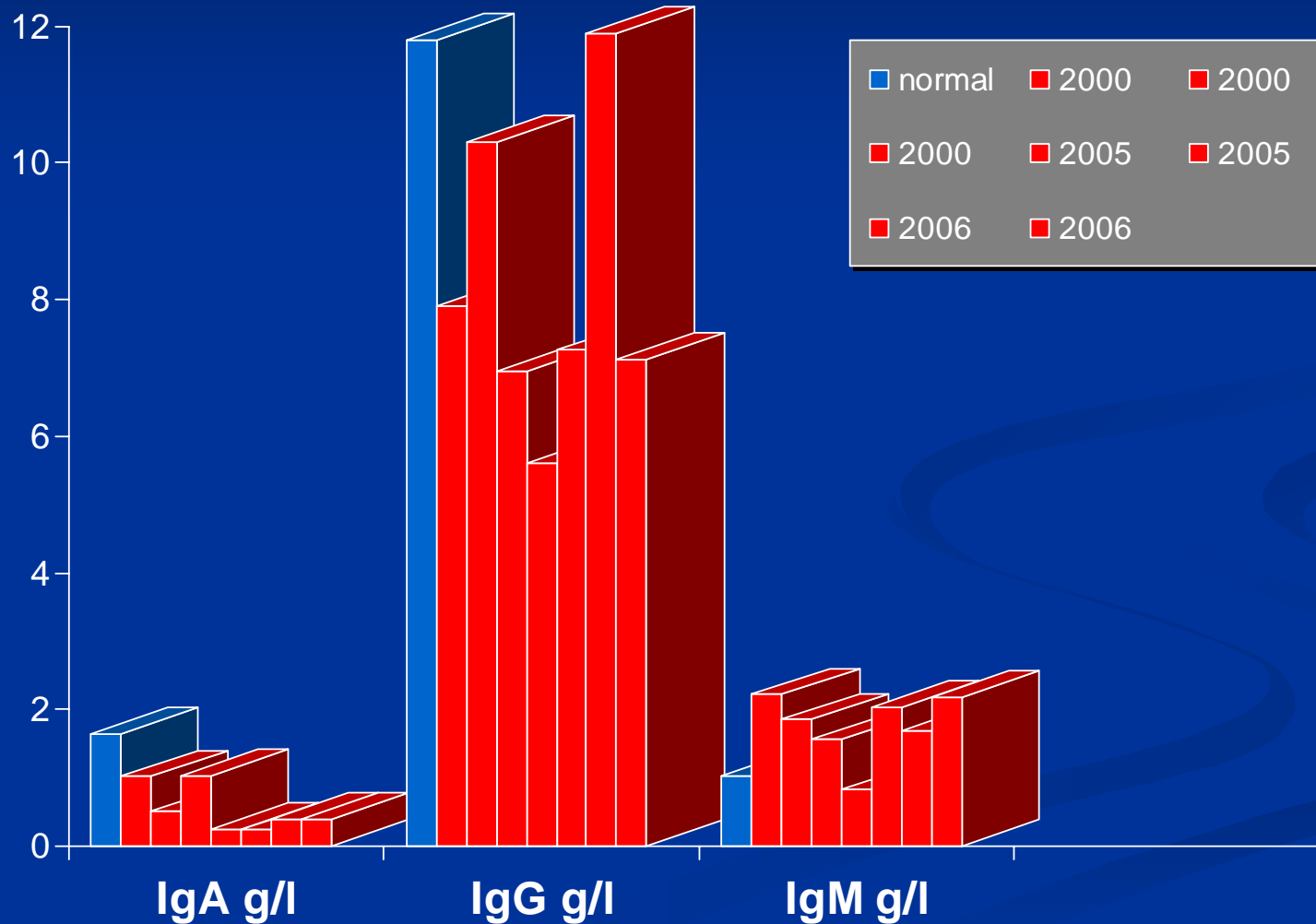
- WBC: 6.9- 14.1- 3.4- 20.6 (max)- 4.3- 12.0- 5.5 ..- 2.3-1.7-3.9 $\times 10^9/L$,
- lymphopenia (27- 31- 31- 24.6- 23- 16.4 -15.. – 17-11-6% /0.82..-0,2 $\times 10^9$),
- normal eosinophil count,
- PLT: 83 to 238 $\times 10^9/L$,
- anemia (Hb 131-62-123-59-114-107 g/L, decreased MCV, MCH),
- decreased level of serum ferum (1.5 mmol/L).

Lymphocytes' subpopulations

Parameter	Result 18.10.2000 / ~7m. old		Result 29.01.2002 / ~2y old		Result 26.02.2003 / 3y old		Result 28.01.2005 /~5y old		Normal value 1-6 y
<i>Absolute lymphocytes count</i>		819		1156		1520	23	828	38-53% / 2900-5100 mm ³
CD3+	61	199	73	844	82	1246	89	737	62-69% / 1800-3000 mm ³
CD3+CD4+	37	303	15	173	14	213	26	215	30-40% / 1000-1800 mm ³
CD3+CD8+	22	180	56	647	67	1018	63	522	25-32% / 800-1500 mm ³
CD4/CD8	1,68		0,27		0,21		0,41		1,0 – 1,6
CD16+/CD56+	7	57	7	81	7	106	2	17	8-15% / 200-600 mm ³
CD19+	31	278	16	185	13	198	9	75	21-28% / 700-1300 mm ³
CD3+/CD25+	3		2		4		2		8-12%
CD3+CD45RO+ (<i>naïve</i>)							73		
CD3-CD45RO							3		
CD3+CD45RA+ (<i>memory</i>)							30		
CD3-CD45RA							7		



Immunoglobulins 2000-2006 y



Lymphocytes' proliferation, NBT

Parameter	~7m. old	~2y old	3y old	~5y old	Normal value 1-6 y
Lymphocytes transformation test against PHA	-	37	31	3	30-40%
Lymphocytes transformation test against PWM	-	-	3	3	8-10%
Lymphocytes transformation test against tuberculin	negative	-	7	n.i.	negative (< 5%)
Neutrophyl respiratory burst spontaneous	50	40	-	16	15-25%
Neutrophyl respiratory burst PMA stimulation	36,5	43		93	45-65%
Neutrophyls' activity with latex's particles				76	15-20%
CIC			0,045	0,037	< 0,08

Discussion. Diagnosis?

- **PID (*T cell deficiency*)** –

- *sepsis (umbilical?), toxic-septic shock, vein thrombosis ?* -
 - *portopulmonary hypertension - splenomegaly -*
 - *persistent cholestatic hepatitis - hepatic cirrhosis -*
 - *sepsis.*

- **or secondary ID (*cystic fibrosis, liver disease...*) ?**

- **What's your comments?**



1. Aštuonis ir daugiau kartų per metus pasikartojančios naujos ausų infekcijos.



10. Giminėje buvo diagnozuotas ar įtariamas PID atvejis.



9. Dvi ir daugiau vidaus organų infekcijų (meningitas, osteomielitas, sepsis)



2. Du ir daugiau kartų per metus pasikartojančios sunkios prienosinių ančių infekcijos.



3. Du ir daugiau mėnesių užtrunkantis be teigiamo efekto antibakterinis gydymas.



4. Du ir daugiau kartų per metus pasikartojantys plaučių uždegimai.



5. Kūdikio svorio ir ūgio vystymosi atsilikimas.



8. Intraveninių antibiotikų poreikis infekcijos sukėlėjo sunaikinimui.



7. Išliekantis burnos gleivinės ar odos grybelinis bėrimas vyresniems (>1 metų) vaikams.



6. Pasikartojantys, gilūs odos ir vidaus organų pūliniai.



Pirminis imunodeficitas (PID)

PID – paveldėtas arba įgimtas organizmo imuninės sistemos atsako defektas. Pagrindinis PID bruožas – padidėjęs jautrumas infekcijoms.

PID paplitimas 1 : 2000 gimusiųjų. Paskutiniu metu nustatyta daugiau kaip 100 genetinių defektų, sukeliančių PID. Amerikoje registruota 1/2 milijono, Europoje - 10.717 sergančiųjų PID (2004m.).

Lietuvoje retai laiku nustatoma PID diagnozė. Vėluojanti diagnostika sukelia organizme negrįžtamus organų pokyčius, gyvybei pavojingas komplikacijas.

Tikimės, kad išvardyti požymiai padės jums laiku įtarti PID ir atsiųsti ligonį, kuriam nustatyta du ir daugiau požymių, ištyrimui į VUVC, Pediatrijos centrą.

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Remėgal:

Lietuvos valstybinis mokslo ir studijų fondas

Baxter

Thank you for attention



CD3+HLA-DR	8	65	5	58	28	246	44	364	6-16%
(CD14+)HLA-DR+	57		56		87				65-85%
CD3+/CD25+	3		2		4		2		8-12%
CD3+/CD71+							27		1,5-2,0%
CD3+/CD54+							68		2,0-4,5%
CD3+/CD69+							10		1,0-2,0%
CD3+/CD11b+							57		20-40%
CD3+/CD57+			0				3		2-5%
CD8+/CD57+			2				48?		6-15%
CD8+/CD38+							59		5-9%
CD8+/HLA-DR+							51		3-5%
CD4+/HLA-DR+							18		3-5%