

# BRAGID 2016

## Presentation and Discussion of Clinical Case

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# Clinical Case

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- ▶ Consent form signed by parents with permission to present the clinical case



➤ PCAC, male, born in Recife (Jan25,2010)

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➤ Chronic diarrhea started when he was a 1 year and 8 months old. (2011)

➤ Followed by pediatric gastroenterologist with the following diagnostic hypothesis (2012):

- Malabsorption syndrome
- Hypoalbuminemia
- Intestinal lymphangiectasia
- Allergy to multiple proteins (milk, egg, soy, wheat, fish)



# Laboratory data

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- ▶ Albumin - Running from 1,9 g/dl (2013) to 2,3 g/dl (2014)
- ▶ Urinalysis normal ( protein - negative)
- ▶ Fecal fat test – positive (Sudan III +++)
- ▶ Small Bowel Barium Study (2012) →↑intestinal wall thickness (IBD?)
- ▶ UGI Endoscopy (2013):
  - ▶ Chronic Esophagitis (Eosinophils <10 HPF)
  - ▶ Chronic gastritis
  - ▶ Chronic duodenitis + lymphoid hyperplasia
- ▶ Colonoscopy (2013) – Micronodular terminal ileitis
- ▶ Cystic Fibrosis - negative sweat test
- ▶ Celiac disease - negative serology and negative histology



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► Treatment :

Several courses of antibiotic treatments

Antiparasitic medication (3 times a year)

Zinc

Calcium acetate

D vitamin

Multivitamins

Probiotics

Oral corticosteroids (prednisone in 2014 for 2 months)

Diet - Pregestemil + Medium Chain

Triglycerides(TCM) – 2014

Diet without milk and soy

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# Background

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- ✓ Referred to the immunology unit in 2014
- ✓ He was healthy until a 1 year and half old
- ✓ 4 pneumonia episodes with hospital treatments
- ✓ No other infection diseases in addition to the chronic diarrhea and pneumonia
- ✓ Decreased Growth Curves (weight and height)

## Familiar history:

- ✓ Only child
  - ✓ Nonconsanguineous parents
  - ✓ There is not sudden death and reports of immunodeficiency in his family
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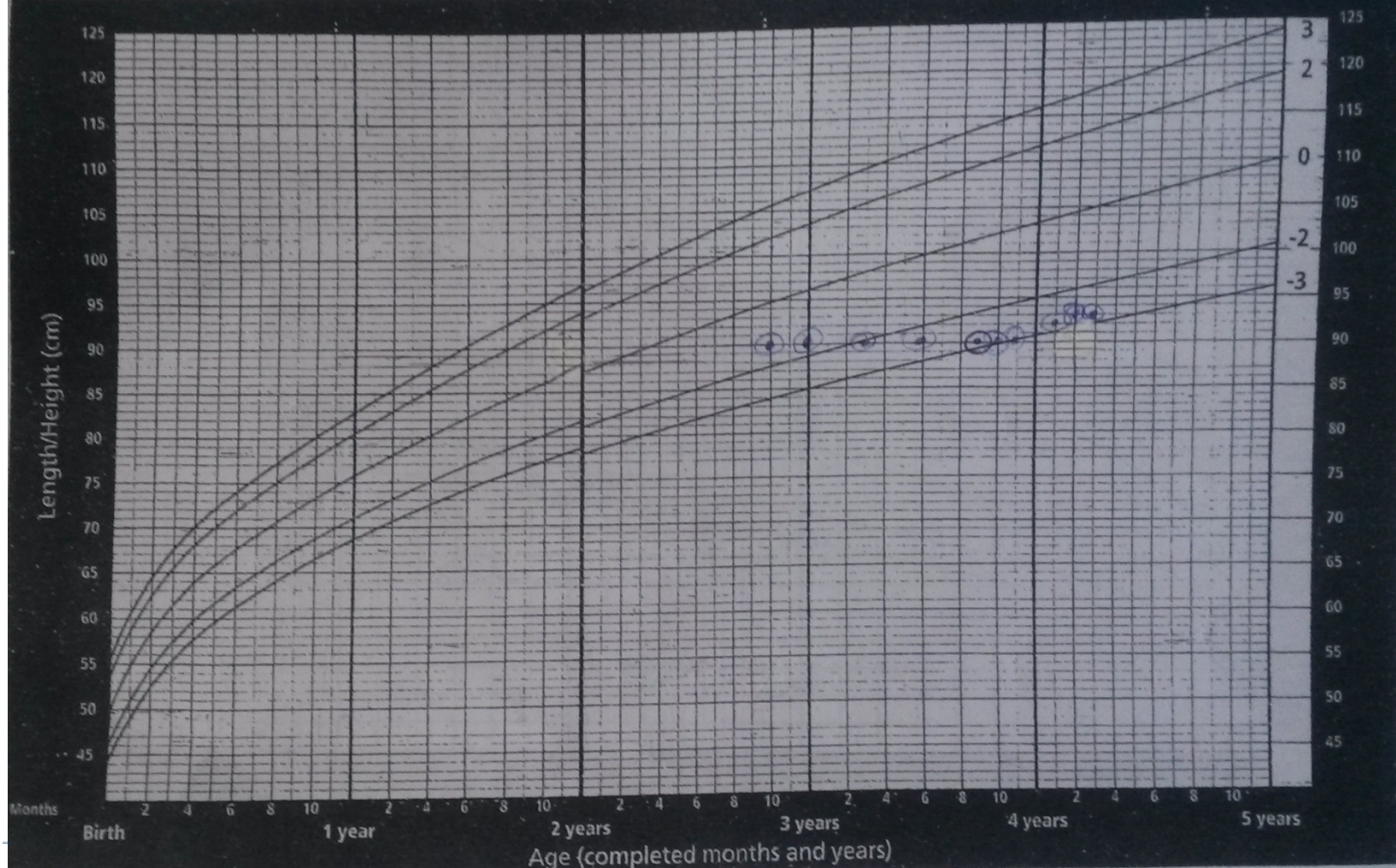


# Length/height-for-age BOYS



Birth to 5 years (z-scores)

PEDRO CASSIO A. CANEL



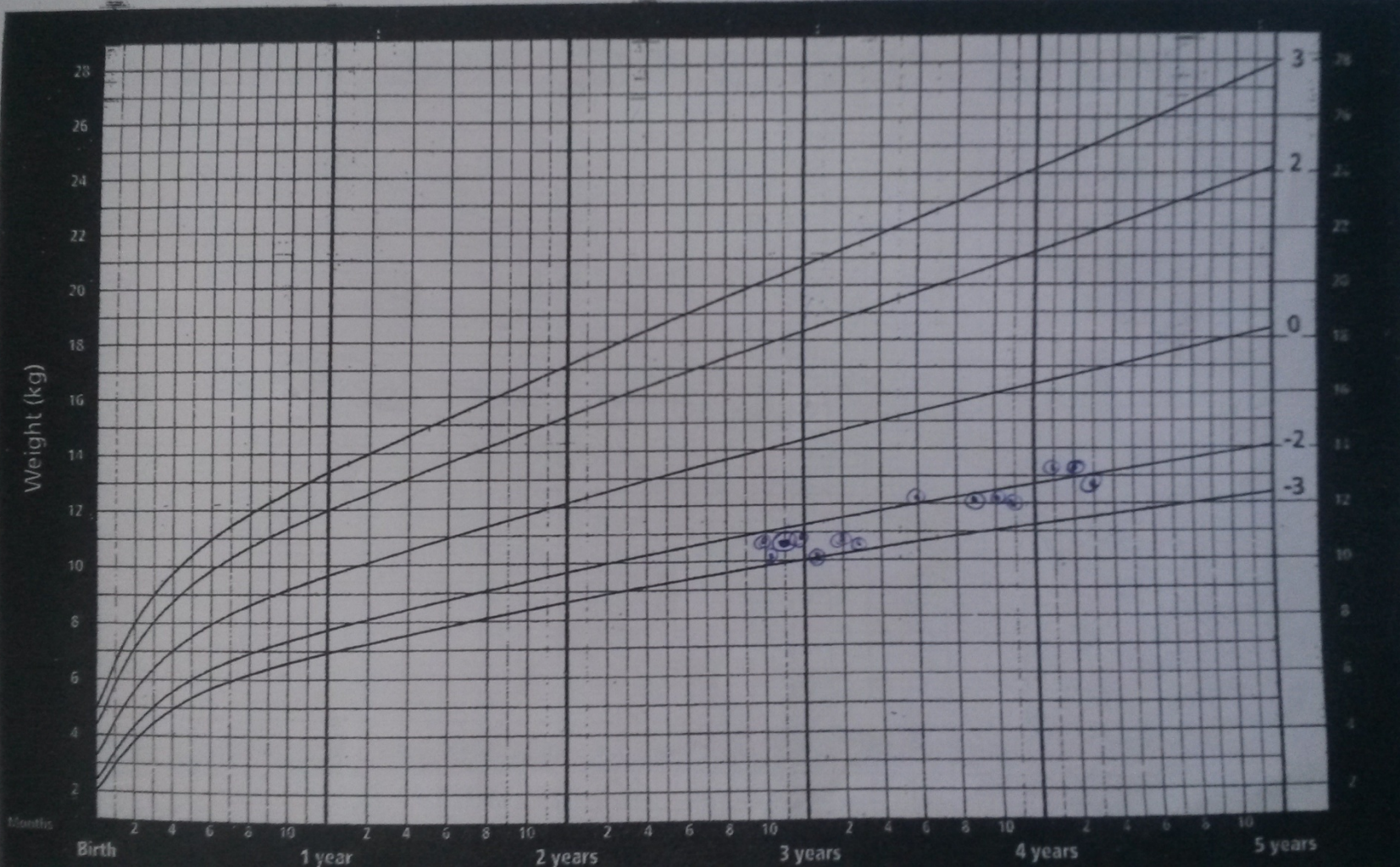
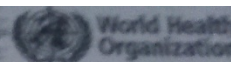


# Weight-for-age BOYS

Birth to 5 years (z-scores)

PEDRO CASSIO A. CANEL

Peso / Idade





# Laboratory data

- ▶ AntiHBs - < 2,0
- ▶ Pneumococcal serology - <0,5 microgramas/ml (4, 6B, 9V, 14, 18C, 19F, 23F)
- ▶ Complement – C3, C4 e CH50 normal
- ▶ Cavum radiography (2014)– without visualization of adenoid
- ▶ Chest CT (2014) – without bronchiectasis

	Sep/13 3y8m	Feb/14 4y1m	Sep/14 4y8m	Jan /15 5y	Mar /16 6y2m
HB	13,2	13,1	12,5	13,2	13,6
LEUCO	5900	8400	6000	5480	6900
SEG	58% ( 3422)	70% ( 5880)	65% ( 3900)	62,5% ( 3425)	59% ( 4071)
LT	26% (1534)	17% ( 1428)	20% ( 1200)	24,5% ( 1343)	28% (1932)
IgG	82	83	68	320	320
IgM	26	38	51	120	53
IgA	30	27	27	37	50
CD3		712		48% -453	38% -734
CD4		186		17,7%-166	16% -309
CD8		314		28,7%- 269	21% - 406
CD19		4,4%			5% - 97
CD16/56		41% - 451			43% - 831

Rel CD4/CD8 = 0,76

P<10

P<10

P=10

P<10

P>90

# Evolution

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Data	Dose	Type	Interval	Serum Level IgG	Weight
Jun16.2014	750mg/Kg	liquid	28/28d	83 (98mg/dl)	13Kg
Sep02.2014	770mg/kg	lyophilized	Anaphilaxis	123mg/dl	12,5Kg
Oct07.2014	714mg/Kg	Liquid ( w/ prolina)	28/28d	68mg/dl	14Kg
Jan20.2015	675mg/Kg	Liquid ( w/ prolina)	28/28d	320mg/dl	14,8Kg
Jul07.2015	633mg/Kg	Liquid ( w/ prolina)	21/21d	300mg/dl	15,8Kg
Sep15.2015	898mg/Kg	Liquid ( w/ prolina)	21/21d	280mg/dl	16,7Kg
Jan16.2016	867mg/Kg	Liquid ( w/ prolina)	21/21d	320mg/dl	17,3Kg



# Discussion

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- ▶ Diagnostic Hypothesis
  - Common Variable Immunodeficiency ?
  - Combined Immunodeficiency?
  - Hypogammaglobulinemia secondary to intestinal protein loss?

Causes of intestinal protein loss:

- ▶ Mucosal lesion – DII, Infections, neoplasia, Eosinophilic gastroenteritis, celiac disease, vasculitis (LES)
- ▶ lymphatic changes - Intestinal lymphangiectasia primary or secondary



# Discussion

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- ▶ Despite of the absence of the molecular diagnosis the treatment of the hypogammaglobulinemia is :  
Immunoglobulin Infusion and infection control.
- ▶ Treatment should be individualized: immunoglobulin type, dose, infusion interval and route (IV or SC)
- ▶ **Question:**
- ▶ For this case in particular does anybody have any alternative therapeutic suggestion ?
  - ▶ Serum level of IgG (Mar 28, 2016): 320mg/dl
  - ▶ Current infusion of 870 mg / kg - every 21 days - IV. ( 6 months)
  - ▶ Without serious infections

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