MexGid

COMMON VARIABLE IMMUNODEFICIENCY IN ADULTS
A PUBLIC HOSPITAL EXPERIENCE.

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INTRODUCTION

Common variable immunodeficiency (CVID) is a heterogeneous disease characterized by defects in B and T Lymphocyte (BL/TL) differentiation and low or absent levels of IgG (<2SD from the mean), IgA and/or IgM. The spectrum of clinical manifestations is: recurrent infections (RI), autoimmunity (AI), malignancy (M), and granulomas (G).

AIM

To describe and analyze the clinical manifestations, and the B and T cells immunophenotype in CVID patients.

MATERIALS AND METHODS

Retrospective analysis of medical records and laboratory results of 31 CVID patients (p). Lymphocytes subpopulations were analyzed by flow cytometry and immunoglobulins by immunoturbidimetry.

Cytometer FacsCanto II. Analysis by Infinicyt software

For CD3+ Tcells, both CD4+ and CD8+ subpoblations were defined as: Naive T cells (CD27+ CD45RA+), Efector memmory T cells (CD27-CD45RO+), Effector T cells (CD27-CD45RA+)

B cells subsets were identified within the CD19+ cell subpopulation as transitional cells (CD38++CD24++), naïve cells (IgD+CD27-), CD21low cells (CD21Low, CD38+/-), Switched memory B cells (IgD-IgM-CD38+/-)

RESULTS

1. IMMUNOGLOBULINS LEVELS

Age Range	N	Mean (mg/dl)	Mean (mg/dl)
9-12 Years Old	1		
IgG		395	613-1512
IgA		6	57-256
IgM		48	70-284
12-16 Years Old	7		
IgG		263	667-1467
IgA		9	77-219
IgM		20	49-261
< 16 Years Old	23		
IgG		200	658-1837
IgA		12	71-360
IgM		27	40-263

2. GENERAL INFORMATION ABOUT PATIENTS

N= 31 Patients | ♀ 20 ♂ 11

	Mean (years)	Range (years)
Age at onset of sypmtoms	15	1-53
Age at diagnosisIg	32,5	10-67

x̄ time between onset and diagnosis: 17.9years

3. CLINICAL DEBUT

Recurrent infections: 26
Hypogammaglobulinemia: 2
Autoimmunity: 2
Malignancys: 1

4. MOST FREQUENT INFECTIONS

Pneumonia: 27
Rhinitis: 25
Diarrhea: 21
Otitis: 9

5. IN ADITION TO RECURRENT INFECTIONS

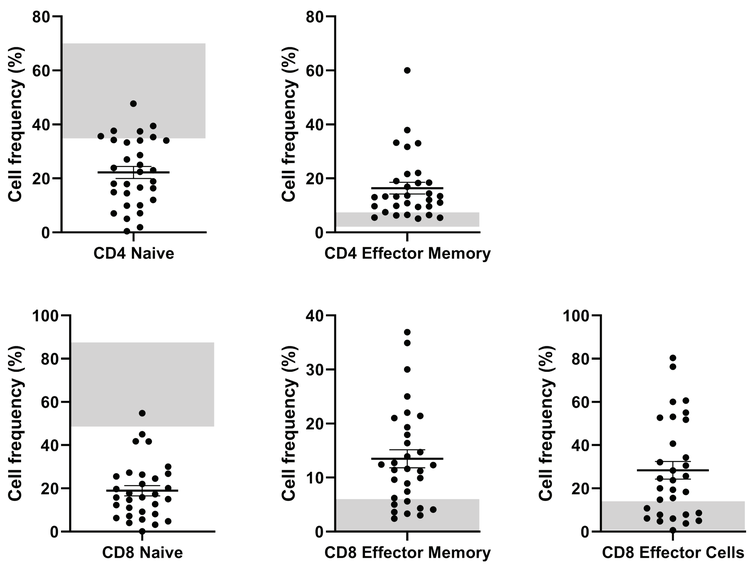
17 Lynphoproliferation
11 Autoimmunity
17 Granulomas
10 Malingnacy

6. COMPLICATIONS POST DIAGNOSIS

15/31 Bronchiectasis
10/31 Gastritis
1/31 Hearing Loss

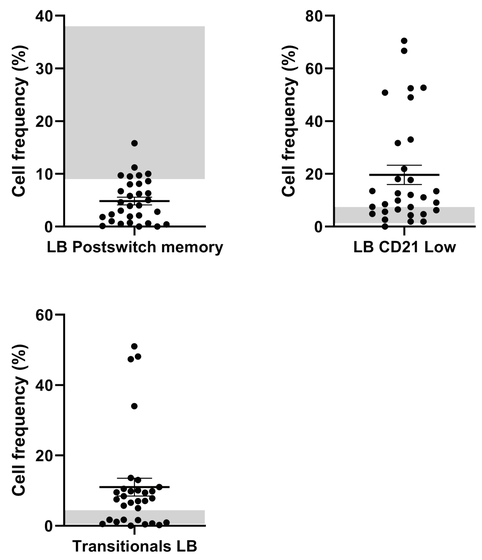
7. LYMPHOCYTE POPULATIONS ANALYSIS

CD3+ T Lymphocytes



Reference values are marcked in color grey

CD19+ B lymphocytesls



CONCLUSIONS

CVID patients present a dysregulated immunophenotype profile, indicating that this pathology is more than a humoral deficiency. Finally, the long time gap between onset and diagnosis shows that it is not only a rare disease but also a forgotten one.