

“Uso de Inmunoglobulina Intravenosa en la epitelización de un paciente con mutación Gata2.”



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Objectives: We present the case of a patient with GATA 2 Deficiency with IV human IgG for wound healing

Methods: The clinical characteristics of the patient were described.

Results: A 30-year-old female patient from Michoacán, Mexico, the only daughter of non-consanguineous parents. She starts at age 17, when she was hospitalized for chicken pox complicated by sepsis, requiring a packed red blood cell transfusion, gradually presents warts on all the pads of her hands and in the vulvar-vaginal region. At the age of 20, she has a spontaneous abortion. In August 2014, she presented Medullary Hypoplasia. Through sequencing the mutation C 113 C> G p.N371 K corresponding to GATA 2 defect is documented.

Laboratory :06.29.22: Bh Hb 12.1 g/l Hto 36% Leukocytes 2400 10³/μl lymphocytes 500 k/l, neutrophils 1600 k/l monocytes 300 k/l, platelets 170 k/l. IgG 1089 mg/ dl IgA 111 mg/ dl IgM 137 mg/ dl IgE 3. u/ l TSH 1.22 FT4 2.77 CRP 6.8 ESR 20 mm/ l ALT 17 u/ ml AST 20 U/ l.

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During the course of her second pregnancy, a biopsy of the labia major was documented, reporting: high-grade malignant squamous intraepithelial lesion due to HPV, and later cervical cancer in situ, in addition to cancer in situ in the vulva, requiring hysterectomy in 2018 later she received radiotherapy until July 2020. In October 2021, she developed severe epithelitis due to radiation, in the entire vulvar and perianal area, which required hospitalization and treatment with anti-inflammatories and multiple antibiotic regimens based on clindamycin, metronidazole cephalosporins due to added infection, without improvement.

In January 2022, due to the poor healing and persistence of the inflammatory process, treatment was started with monthly intravenous human immunoglobulin at a dose of 0.4 mg/kg with notable improvement, and gradual resolution of the skin lesions throughout the vulva and gradual healing of the genital area.

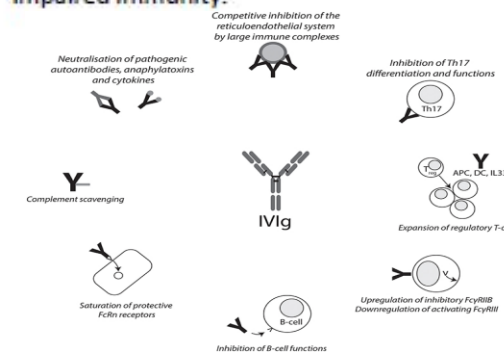


Before Use Immunoglobulin intravenous .



After Use Immunoglobulin intravenous .

Conclusions: The role of granulocytes in wound healing has been extensively studied. In aseptic wound healing, very few B cells migrate to the wound site. The importance of immunoglobulin in wound healing Antibodies bound to damaged tissues could induce phagocytosis by Fcγ receptors present on neutrophils and macrophages. In mice, topical administration of a neutralizing antibody that recognizes aminopeptidase-N, an enzyme involved in the regulation of epidermal-dermal interaction and adhesion molecule expression, led to accelerated wound closure. The use of immunoglobulin in patients with primary immunodeficiencies such as Leukocyte Adhesion Deficiency. This is an immunomodulation alternative that may be acceptable for patients with impaired immunity.



Adapted Hoffmann BHO, Cook AH. High-Dose Intravenous Immunoglobulin in Skin Autoimmune Diseases. *Front Immunol*. 2019 Jun 11;10:1590.

