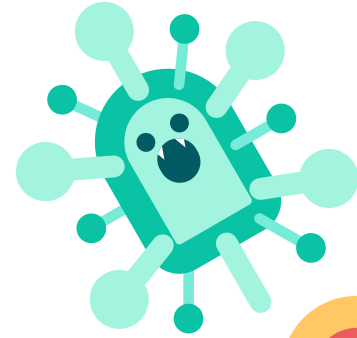
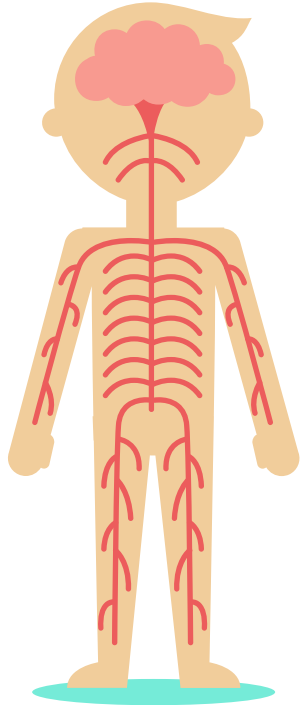


Diagnosis of an Immunodeficiency



Bianca Minter, Virginia Tam,
Victoria Walden

OUR PATIENT: JOHNNY



At 1

Recurring sinus infections (ethmoid sinuses), β - hemolytic streptococci



At 3

Pneumonia from *Pneumocystis jirovecii*

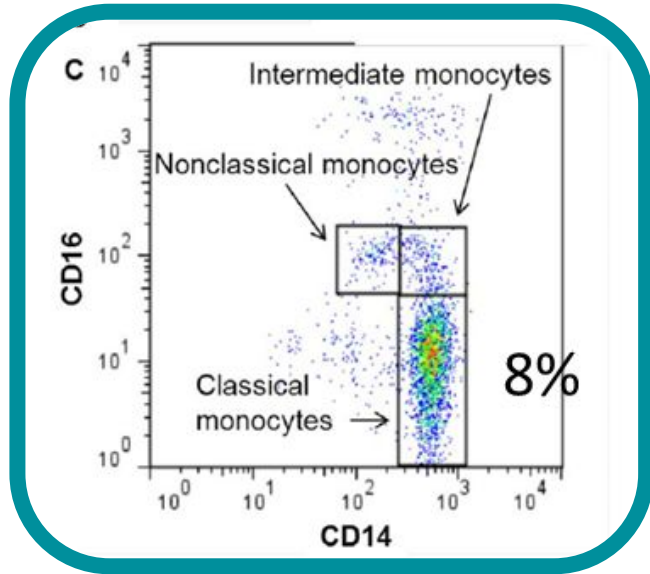


Family

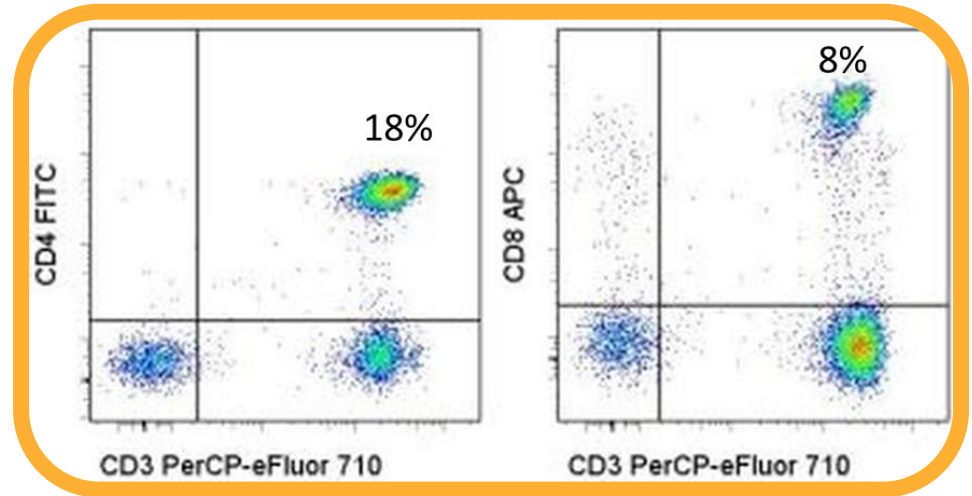
No family history of immune disorders



Flow Cytometry



Normal % Monocytes: 2-8%



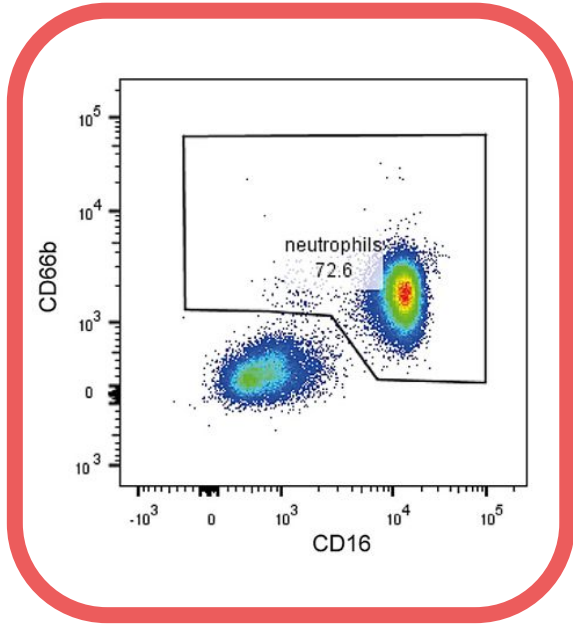
Normal % CD4 T cells:

10-20%

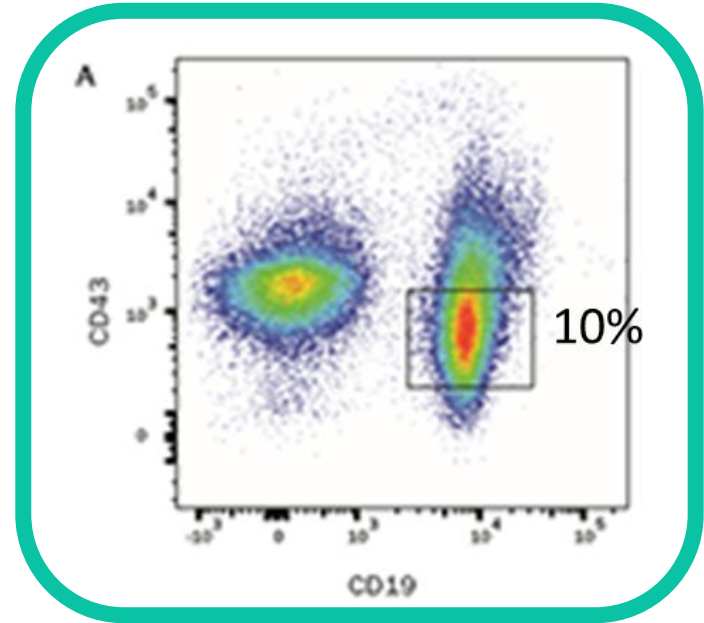
Normal % CD8 T cells:

3-10%

Flow Cytometry



Normal % Neutrophils:
40%-65%



Normal % B cells: 3-10%

Enzyme-Linked Immunosorbent Assay (ELISA)



IgM

Normal serum
antibody levels
(mg/dl): 75-150

IgA

Normal serum
antibody levels
(mg/dl):
150-225

IgG

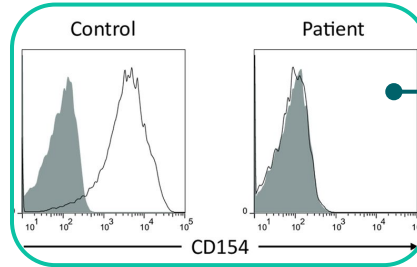
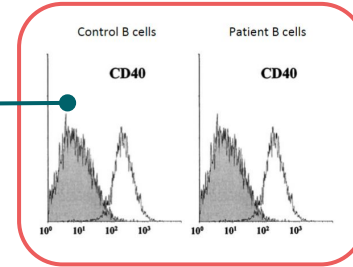
Normal serum
antibody levels
(mg/dl):
600-1500

More Flow Cytometry (And Western Blot Analysis)



B cells

Has CD40 on B cells



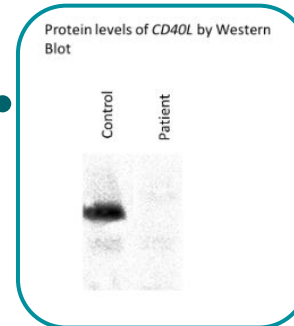
T cells

Has no CD40 ligand on CD3+ T cells



CD40L

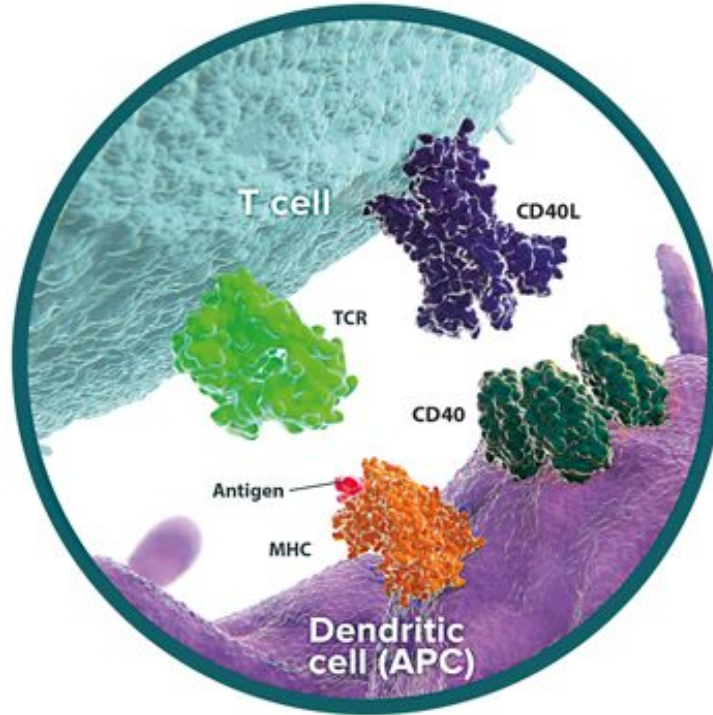
Confirmed absence of CD40L with western blot analysis



Activation of B Cells

CD40

- CD40 is a protein that binds to CD40L
- It is located on B cells



CD40L

- CD40L is also called CD154
- It is located on CD3+ T cells and binds to CD40

CD40\CD154 interactions

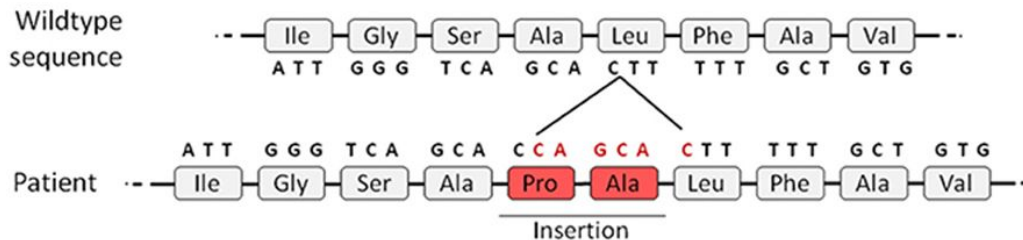
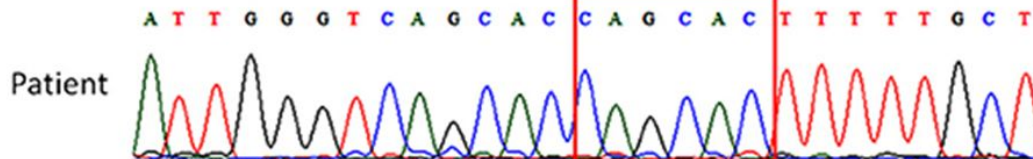
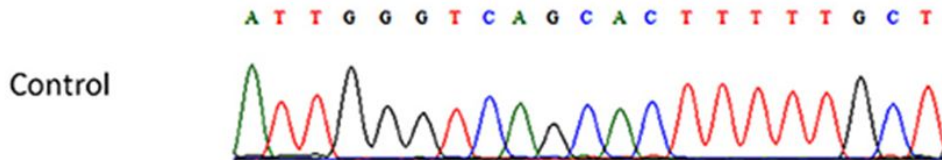
- CD40/CD40L interaction helps activate B cells and B Cell differentiation and producing immunoglobulins



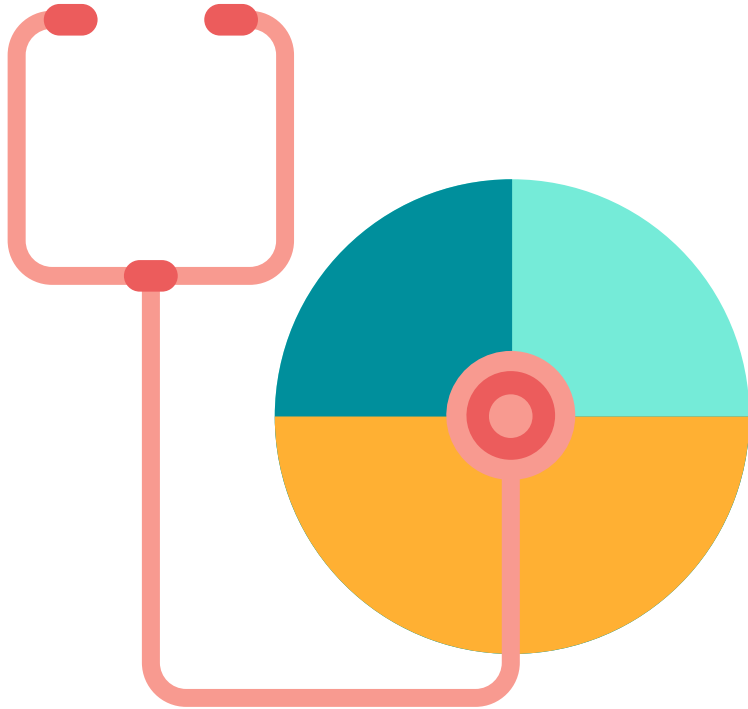
DNA Mutation Analysis



DNA Sequence Analysis of *Tnfsf5*/ *CD40L* gene



Diagnosis of Immunodeficiency



Immunoglobulin

Low levels of IgG and
IgA

1

CD40L

Complete absence of
CD40 ligand

2

Mutation

Mutation in
TNFSF5/CD40L gene

3

What is X-linked Hyper IgM (Type 1)?



≥Normal IgM

Levels of IgM are elevated in sera.



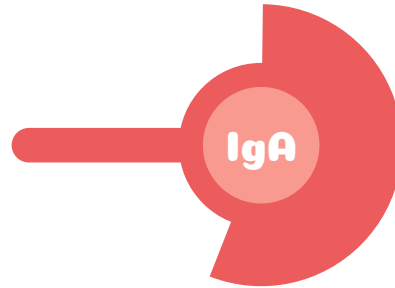
Decreased IGs

IgG, IgA, and IgE show unusually low concentrations.



Infections

Recurrent opportunistic bacterial and fungal infections



Disruption

B-cell activation is interrupted by absence of CD40L



CD40 Ligation Pathway Breakdown

Typical

CD40L function
CD40L enables T-cell activation of Ig differentiation.

HIGM1

CD40L function
Without CD40L, class switch does not occur.



HIGM1

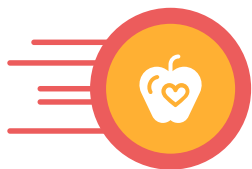
Detection
Without differentiation, only IgM will be produced.

IgM

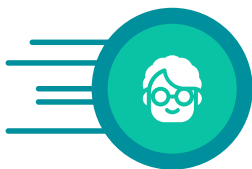
Overproduction
The result of this is elevated IgM levels.

Prevalence and Demographics of XHIGM1

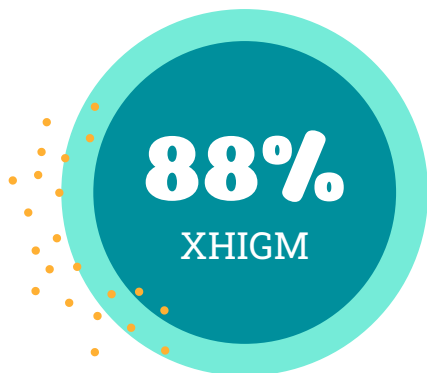
Statistics



2 for 1,000,000
infant boys



All forms of
HIGM are rare.

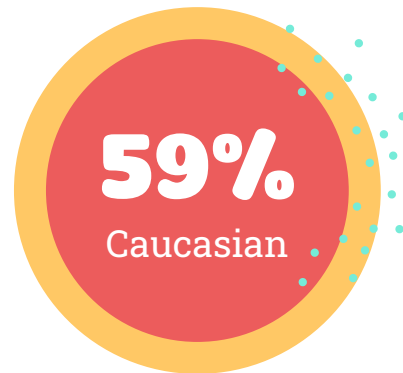


Other Diseases

XHIGM makes up
88% of HIGM
conditions. 43% of
patients had HIGM
family history.

Ethnic Demographics

The next highest
prevalence is African
American at 10%, and
APIA at 7%.



Most Common Treatments

Allogeneic
Hematopoietic Stem
Cell Transplant

Immunoglobulin
Replacement
Therapy



Summary



Tests Ran

- Flow Cytometry
 - Tests to see white blood counts are normal
- ELISA
 - See if antibody levels are normal
- Another Flow Cytometry
 - Look at CD40 and CD40L on T cells
- Western Blot
 - Determine if the patient has CD40L proteins
- DNA Mutation Analysis
 - Look at where the DNA mutation is

Diagnosis

- X Linked Hyper IgM Syndrome Type 1
 - T cells and B cells cannot communicate with each other

Treatments

- Immunoglobulin Replacement Therapy
- Bone marrow transplant



Works Cited

Kang EM. 2021. Disease Presentation, Treatment Options, and Outcomes for Myeloid Immunodeficiencies. *Curr Allergy Asthma Rep.* 21(3):14. doi: 10.1007/s11882-020-00984-8. PMID: 33666780.

Leven EA, Maffucci P, Ochs HD, Scholl PR, Buckley RH, Fuleihan RL, Geha RS, Cunningham CK, Bonilla FA, Conley ME et al. 2016. Hyper IgM Syndrome: a Report from the USIDNET Registry. *J Clin Immunol.* 36(5):490-501. doi: 10.1007/s10875-016-0291-4.

<https://primaryimmune.org/about-primary-immunodeficiencies/specific-disease-types/hyper-igm-syndromes>