

When Is a Rash Just a Rash?

Masqueraders of Primary Immunodeficiency



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Learning Objectives

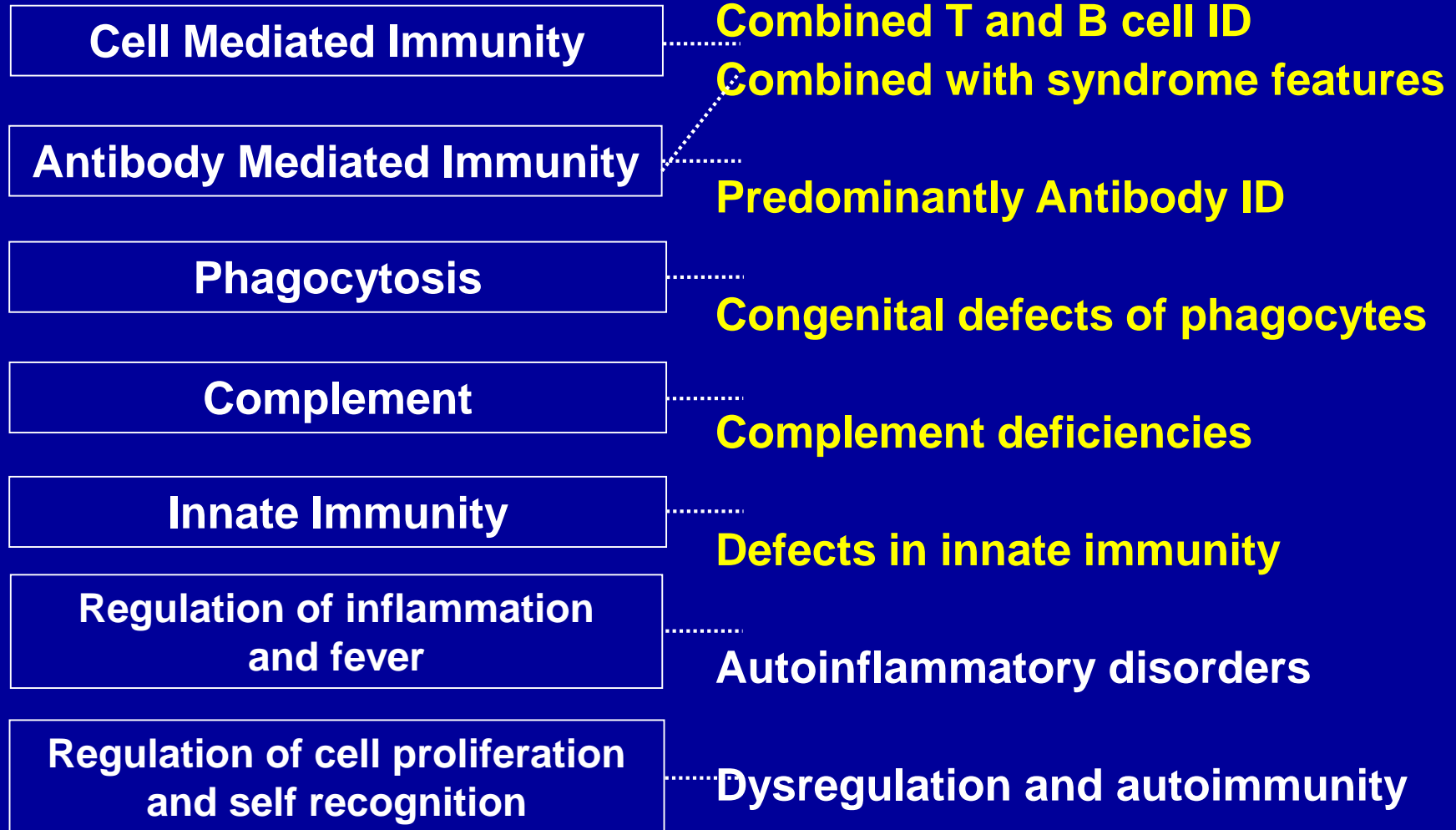
- **Learn about immunodeficiencies; types and evaluation**
- **List skin diseases that may be due to an immunodeficiency**
- **Review main skin diseases and main immunodeficiencies linked to them**
- **Point out importance of diagnosing an underlying immunodeficiency**

Immunodeficiency diseases (IDD)

IDD are alterations of a component of the acquired or innate immunity that predisposes to infections, autoimmunity, inflammation, lymphoproliferation, malignancies or hypersensitivity and allergy.

The clinical manifestations of IDD may be expressed in multiple body areas including the skin.

Components of Immunity and IDD



Causes of Immunodeficiency

A Venn diagram with three overlapping ovals. The left oval is yellow and labeled 'Primary'. The middle oval is red and labeled 'Triggered'. The right oval is light blue and labeled 'Secondary'. The 'Primary' and 'Triggered' ovals overlap, as do the 'Triggered' and 'Secondary' ovals, and all three overlap in the center.

Primary

Triggered

Secondary

Early

Variable Onset

Phenotype / Molecular / Genotype Diagnosis of Primary Immunodeficiencies

MOLECULAR ABNORMALITY

Sequencing:
Genes
Gene panels
Exome
Genome

PROTEIN

Receptors
Enzymes
Cytokines

Presence
Function

IMMUNE PHENOTYPE

Neutrophils
Complement
Antibodies
Lymphocytes
Innate immunity
Immune phenotype, IDD

CLINICAL PHENOTYPE

Infections
Inflammation
L. proliferation
Autoimmunity
Malignancy



Phenotype / Molecular / Genotype Diagnosis of Primary Immunodeficiencies

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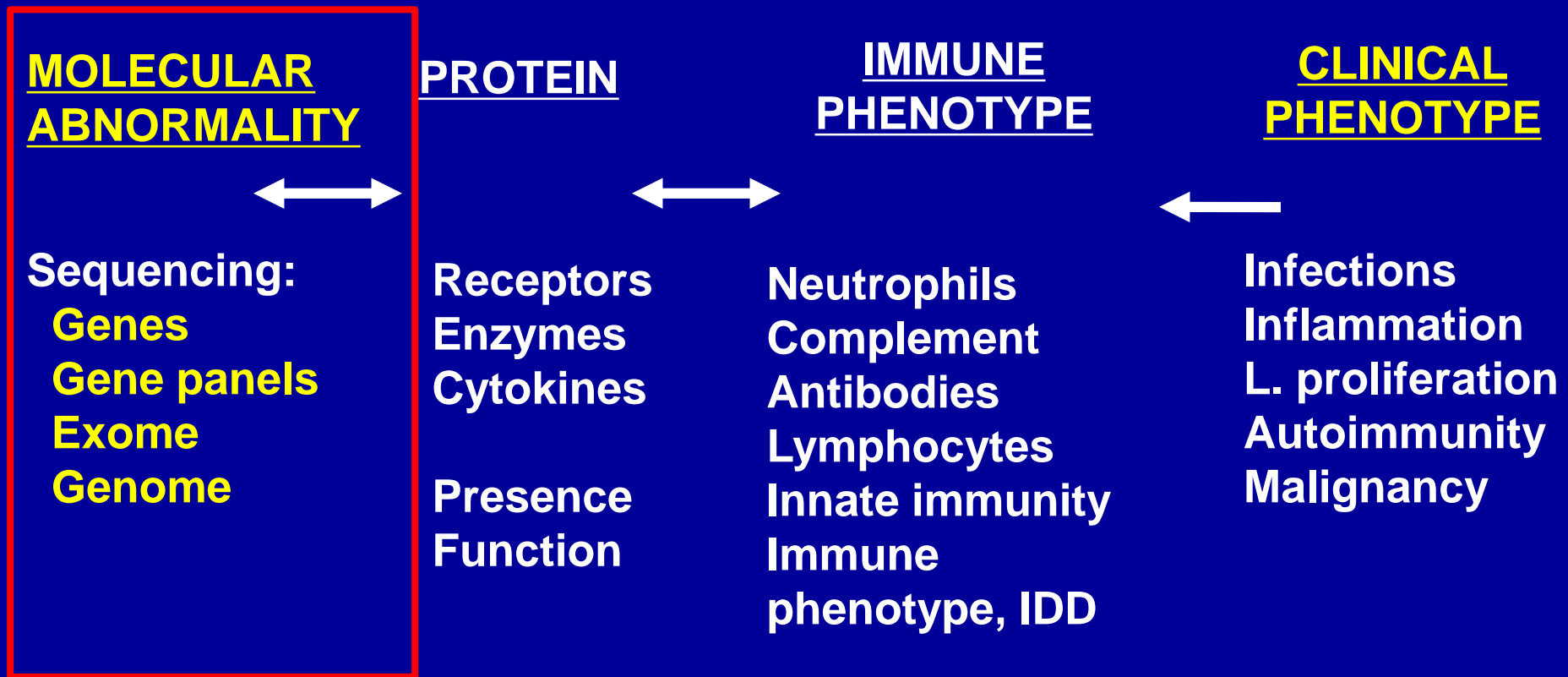
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Complement
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CLINICAL PHENOTYPE

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Malignancy



Phenotype / Molecular / Genotype Diagnosis of Primary Immunodeficiencies



Types of Genetic Testing

- **Sanger Single Gene – gDNA, cDNA**
- **Next-Gen – Disease Panels**
- **Next-Gen – Whole Exome Seq.**
- **Next-Gen – Whole Genome Seq.**

Table I Screening laboratory tests for the non-immunology specialist in order to detect patients with possible PIDD

Possible PIDD

Screening Tests

Antibody mediated
immunity (AMI)

- CBC and differential
- Serum IgG, IgA, IgM
- Antibody titers to protein and polysaccharide vaccines

Cellular mediated immunity
(CMI)

- CBC and differential
- Lymphocytes: CD3, CD4, and CD8;
CD19; CD16/56
- Chest x-ray

Table I Screening laboratory tests for the non-immunology specialist in order to detect patients with possible PIDD

Possible PIDD	Screening Tests
Complement (C)	<ul style="list-style-type: none">• C4 (if angioedema without urticaria)CBC• CH50
Phagocytosis (P) Neutropenia Neutrophil function	<ul style="list-style-type: none">• Neutrophil counts• Oxidative burst by DHR test
Autoimmunity	<ul style="list-style-type: none">• ANA, RCP
Innate immunity (II)	<ul style="list-style-type: none">• Specialized tests (consult an immunologist)

Skin Disorders

- **Dermatitis-like lesions**
- **Erythematous skin lesions**
 - Erythema
 - Erythroderma
- **Rash**
- **Urticaria**
- **Psoriasis-like disorders**
- **Hair abnormalities**
- **Nail disorders**

Skin Disorders, cont'd.

- **Skin infections**

 - Fungal skin infection**

 - Viral skin infections**

 - Bacterial skin infections**

 - Mycobacterial* infections**

Skin Disorders, cont'd.

- **Acne-like disorders**
- **Ulcers**
- **Vascular disorders**
- **Pigmentation disorders**
- **Neoplastic disorders**

- **Discoid lupus**

What Makes a Skin Disease a Likely Manifestation of PID?

- **Chronicity**
- **Severity**
- **Non-infectious and infections**
- **Multiple skin disorders**
- **Systemic manifestations**
- **Wrong age**

Warning signs of IDD. Dermatology

Eczema

IDD

Laboratory

+Petechiae

Wiscott-Aldrich syndrome
(WAS)

CBC including platelet
number and size (small
sized platelets);
CMI, AMI

+Abnormal facies
+Skin abscesses

Hyper IgE syndrome (HIES)

Serum IgE, eosinophils

+Polyendocrinopathy
+Enteropathy

Immunodysregulation,
X-linked (IPEX)

CMI, ANA, CRP
TSH

+Neonatal diabetes mellitus

+Hypothyroidism

+Hemolytic anemia

thrombocytopenia.

+Dermatitis (eczema)

Warning signs of IDD. Dermatology

Erythema

IDD

Laboratory

- +Edema
- +Erythematous plaques
- +Food allergies
- +Sandpaper-like skin rash

Zn deficiency

CMI, IgE, Zn levels

Warning signs of IDD. Dermatology

Erythroderma

IDD

Laboratory

+Infections,
+Failure to thrive
+opportunistic infections

Severe combined immuno-
deficiency (SCID)

CMI, AMI

+Skin rash

SCID with maternal
engraftment and GVHD

+Severe erythroderma
early onset

Omenn syndrome

+Lymphadenopathy

+Hepatosplenomegaly

+Eosinophilia

Warning signs of IDD. Dermatology

Hair abnormalities

IDD

Laboratory

Partial oculo-cutaneous
+albinisima
+gray hair
+Recurrent pyogenic
infections

Chediak-Higashi
syndrome

Enlarged cytoplasm
granules in blood smear

Fragile hair,
conic teeth
no sweat
infections, Gram +/-

Ectodermal dysplasia

IID

Hypopigmented
hair

Griscelly syndrome

CMI, AMI

Warning signs of IDD. Dermatology

Viral Skin Infections

IDD

Laboratory

Warts, disseminated

+hypogamma-
globulinemia
+Infections
+Myelokathexis

(WHIM) syndrome

AMI, CMI

+Chronic, recurrent
warts

Idiopathic CD-4T cell
lymphopenia

CMI

Multiple molecular
defects

DNA Sequencing

Recurrent warts. Multiple molecular defects:

- **CXCR4 (MIM:162643): WHIM : Warts , Hypogammaglobulinemia ,Infection and Myelokathexis syndrome (CXCR4)**
- **CARMIL2/RLTPR (MIM:610859)Respiratory infections ,MC, hyperkeratosis, IBD, COPD,asthma , nasal congestion**
- **DOCK8 (MIM:611432) Hyper-IgE recurrent infection, autosomal recessive**
- **GATA2 (MIM:137295) WILD, Emberger, MonoMAC, DCML, Nkdeficiency , LES like**
- **MCM4(MIM:602638) Natural killer def, glucocorticoid deficiency DNA repair defect**
- **STK4 (MIM:604965) MST1 T-cell immunodeficiency, recurrent infections, autoimmunity, and cardiac malformations, hipergamma**
- **RHOH (MIM:602037) Rho GTPase**
- **TMC6 (MIM:605828) EVER1 Epidermodysplasia verruciformis**
- **TMC8 (MIM:605829) EVER2 Epidermodysplasia verruciformis**
- **MAGT1 (MIM:300715) Immunodeficiency, X-linked, with magnesium defect, Epstein-Barr virus infection and neoplasia**

Warning signs of IDD. Dermatology

Viral Skin Infections

IDD

Laboratory

Cutaneous herpes
infections

Dedicator of Cytokinesis8, CMI, AMI
DOCK8 deficiency

Warning signs of IDD. Dermatology

Bacterial Skin infections

IDD

Laboratory

Abscesses due to catalase + organisms
Staph aureus, Serratia, E. coli, Aspergillus Chromobacterium, Mycobacteria

Chronic granulomatous disease, CGD

P

Delayed separation of umbilical cord
Early onset of *S. aureus*,
Pseudomonas infections
Elevated neutrophils

Leukocyte adherence deficiency

CBC, neutrophil count

Salmonella skin infections
IL-12/ $\text{IFN}\gamma$ mutation

Referral

Warning signs of IDD. Dermatology

Fungal Skin Infections

IDD

Laboratory

Mucocutaneous
Candidiasis
+Autoimmune
endocrinopathies

Dedicator of Cytokinesis8, CMI, AMI
DOCK8 deficiency

Human Dectin-1
deficiency

Card-9 mutations

+Eczema

DOCK 8

Warning signs of IDD. Dermatology

Mycobacterial infections

PIDD

Laboratory

Atypical Mycobacteria
BCGosis

Combined immunodeficiencies

CMI

Hyper-IgM syndromes

AMI

Mendelian susceptibility to
mycobacterial diseases

II

Chronic granulomatous diseases
(CGD)

P

BCGitis

Multiple CMI deficiencies
CGD

CMI
P

Warning signs of IDD. Dermatology

Vascular disorders

PIDD

Laboratory test

Telangiectasias

- +Sinopulmonary infections,
- +lymphoreticular malignancies

Ataxia-telangiectasia

AMI; serum alfa-feto protein

Angioedema

- +Sudden painless edema
- +Recurrent abdominal pain
- +Upper airway edema

C1 esterase inhibitor deficiency

C

Warning signs of IDD. Dermatology

**Discoid
lupus**

PIDD

Laboratory test

+ Family history

X-linked CGD

P

Management of Immunodeficiency Diseases

- **Prevention of infection exposure. Allow normal, unrestricted life**
- **Immunization of patient and family members**
- **Avoid live vaccines**
- **Preventive antibiotics**
- **Intensified antibiotic treatments**
- **immune serum globulin treatment**

IDD Management, continued

- **Treatment of infections, inflammation, lymphoproliferation, autoimmunity**
- **Prevention of infections**
 - **Avoidance of exposure**
 - **Preventive antibiotics**
 - **Gammaglobulin, monoclonal antibodies**
- **Mechanism-based precision therapy**
- **Cytokine and enzyme therapy**

IDD Management, continued

- **Stem cell transplantation**
- **Gene therapy, gene editing**
- **Thymus transplant**
- **Genetic counseling and pre-symptomatic diagnosis and treatment of family members**

**For access to a list of skin diseases and
immune deficiencies please visit our
Website
www.lapininc.org**

**Louisiana Primary Immunodeficiency Network
(LAPIN)**

Email: [lapin @ lapininc.org](mailto:lapin@lapininc.org)

