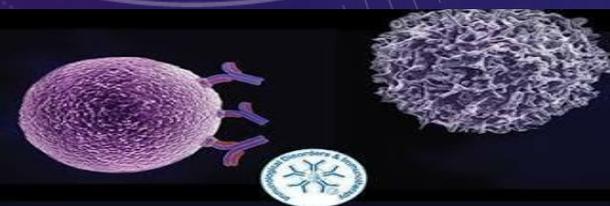
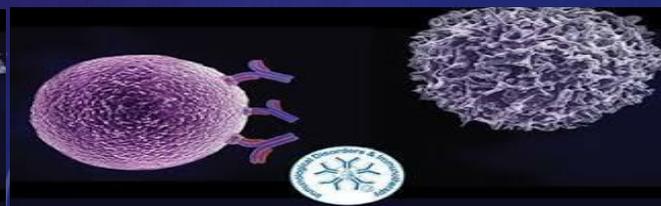


# IMMUNOLOGICAL DISORDERS

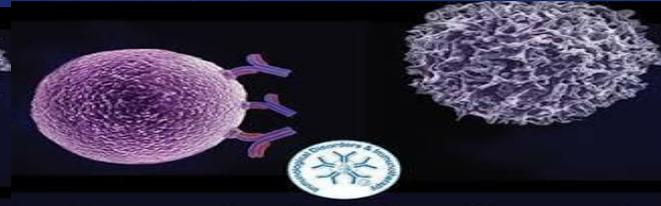
PRESENTED BY:- BHAGAWATI RAY



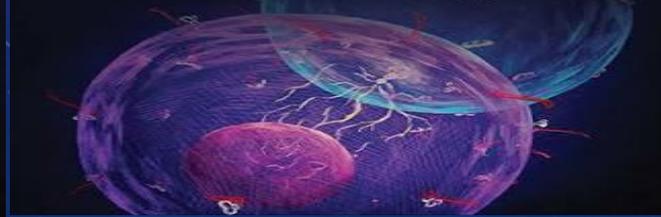
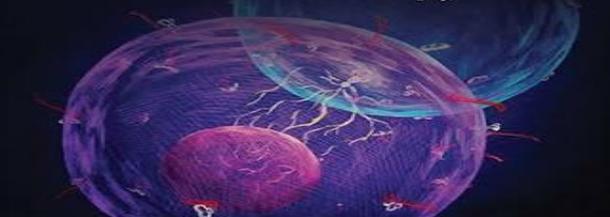
**Immunological Disorders and  
Immunotherapy**



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Immunotherapy**



# Autoimmune Diseases

## Brain

Multiple Sclerosis  
Guillain-Barre Syndrome  
Autism



## Thyroid

Thyroiditis  
Hashimoto's Disease  
Graves' Disease

## Blood

Leukemia  
Lupus Erythematosus  
Hemolytic Dysglycemia



## Bones

Rheumatoid Arthritis  
Ankylosing Spondylitis  
Polymyalgia Rheumatica



## GI Tract

Celiac's Disease  
Crohn's Disease  
Ulcerative Colitis  
Diabetes Type I



## Muscles

Muscular Dystrophy  
Fibromyalgia



>100 Autoimmune  
Diseases

## Nerves

Peripheral Neuropathy  
Diabetic Neuropathy



## Lung

Fibromyalgia  
Wegener's Granulomatosis



## Skin

Psoriasis  
Vitiligo  
Eczema  
Scleroderma

# DEFINITION

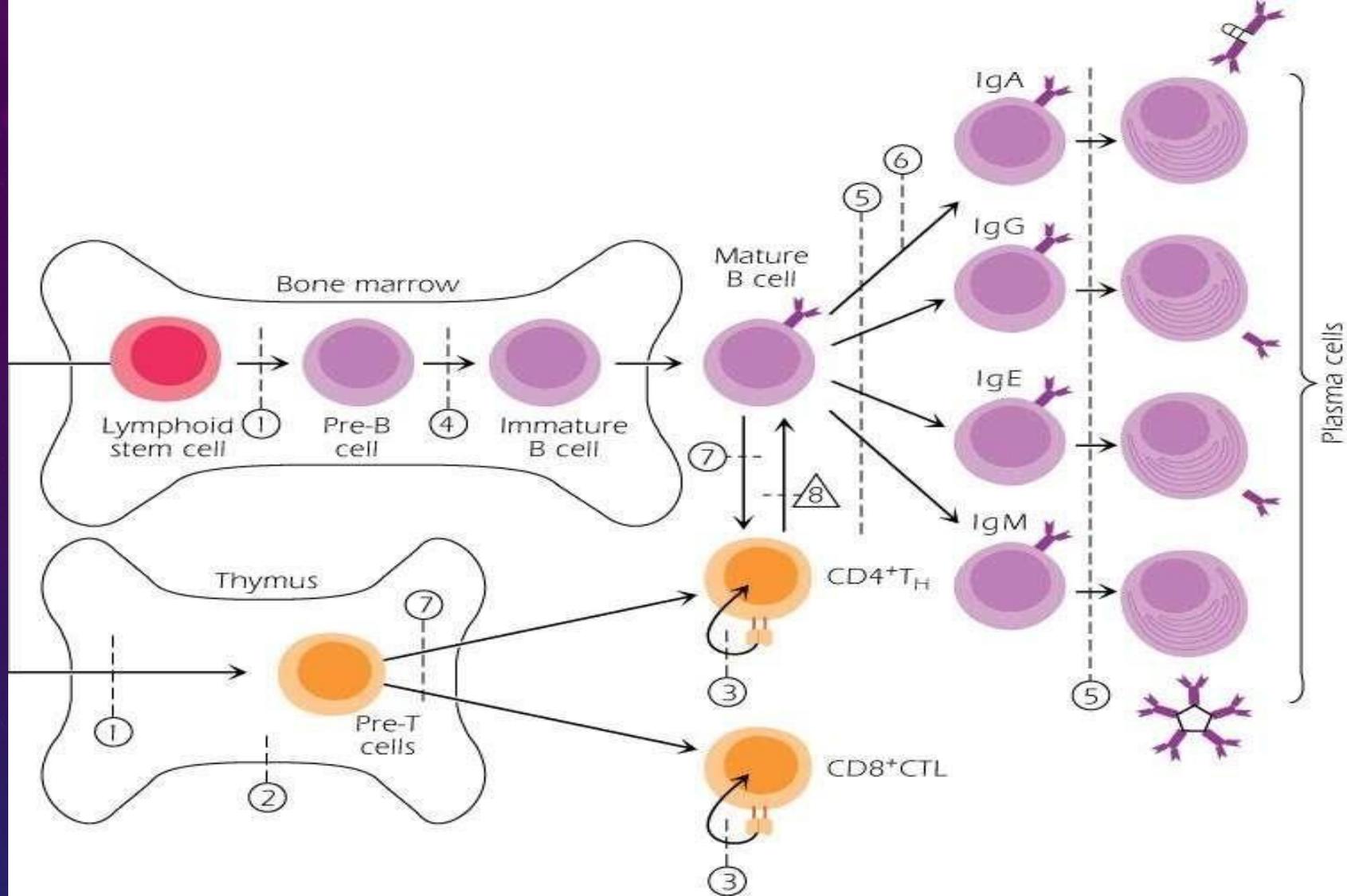
- Immunological disorders are diseases or conditions caused by a dysfunction of the immune system and include allergy, asthma, autoimmune diseases, autoinflammatory syndromes and immunological deficiency syndromes.

# IMMUNODEFICIENCY DISORDERS

- **Immunodeficiency disorders associated with defect or impairment in immune function or induced through infections and various environmental factors.**

# TYPES

- Primary immunodeficiency disorders:-  
Usually congenital, resulting from genetic defects in some components of the immune system.
- Secondary immunodeficiency disorders:-  
As a result of other disease condition such as HIV infections, malnutrition, immunosuppression.



Key:

- |   |  |                            |
|---|--|----------------------------|
| ① Severe combined immunodeficiency syndrome     | ④ X-linked agammaglobulinemia (Bruton's)                   | ⑥ Selective IgA deficiency |
| ② Congenital thymic aplasia (DiGeorge Syndrome) | ⑤ Common variable immunodeficiency disease (various forms) | ⑦ Bare lymphocyte syndrome |
| ③ T cell signaling deficiency                   | △ ⑧ Hyper IgM syndrome                                     |                            |

# MANIFESTATIONS:

- Disorders are manifested at different levels including :
  - B cell, T cell, phagocytic cells and complement system.
  - Most prominent manifestations: dermatological conditions such as eczema and cutaneous infections.

# SYMPTOMS:

- Recurrent respiratory infections.
- Persistent bacterial infections → sinusitis, otitis and bronchitis.
- Increased susceptibility to opportunistic infections (OIs) and recurrent fungal yeast infections.
- Skin and mucous membrane infections.
- Resistant thrush, oral ulcers and conjunctivitis.
- Diarrhoea and malabsorption.
- Failure to thrive and delayed or incomplete recovery from illness.

# CLASSIFICATION OF PRIMARY IDDS

## **Primary B cell immunodeficiency:**

X-linked Agammaglobulinaemia (Bruton's disease)  
Selective IgA deficiency

## **Primary T cell immunodeficiency:**

Di George syndrome  
Ataxia – telangiectasia  
Wiskott – Aldrich syndrome  
Acquired immunodeficiency  
Chemotaxis deficiency  
Chronic granulomatous disease  
Chediak – Higashi syndrome  
Leukocyte adhesion deficiency

## **Complement system deficiency**

# ETIOLOGY

- Etiology associated with
  - Genetic defects of missing enzymes.
  - Specific development impairment (pre-B-cell failure).
  - Infections, malnutrition and drugs

# PRIMARY B CELL IMMUNODEFICIENCY

- Common variable immunodeficiency associated with
  - Mature B cells failure to differentiation into mature plasma secreting cells (antibody forming cells).

## X-LINKED AGAMMAGLOBULINAEMIA (XLA)/BRUTON'S DISEASE:

- Deficiency of B cell tyrosine kinase causing failure in the development of pre-B cell maturation to B cells.
- Majority of XLA patients show:
  - Profound hypogammaglobulinaemia involving all immunoglobulin classes with <1% B cells in normal peripheral blood.

## CLINICAL PRESENTATIONS OF BRUTONS DISEASE:

- Increased susceptibility to encapsulated recurrent pyogenic bacteria (*S. pneumonia*, and *pseudomonas* species).
- Skin infections (group A streptococci and *S. aureus*).
- Persistent viral or parasitic infections.

# SELECTIVE IGA DEFICIENCY (IGA D)

- Patients with IgA deficiency have:
  - IgA levels  $< 5\text{mg/dL}$  with normal levels of other Igs and
  - 50% have chronic otitis, sinusitis or pneumonia.
- IgA committed B lymphocytes:
  - Fail to mature into IgA-secreting plasma cells caused by intrinsic B cell defect.

- **Patients of IgA deficiency are susceptible to:**
  - Allergic conjunctivitis, urticaria and asthma.
  - Autoimmune and neurological disorders.
  - Various gastrointestinal diseases (food allergy).
  - recurrent sinopulmonary infections.

# SEVERE COMBINED IMMUNODEFICIENCY DISEASE (SCID)

Disorder characterized by:

- Deficiency in both B and T lymphocyte functions with markedly low IgG, IgA and IgE levels.
- SCID associated with:
  - Children failure to thrive.
  - chronic respiratory infections.
  - Gastrointestinal and/or cutaneous infections particularly recurrent viral, bacterial, fungal and protozoan infections in 6 month's infant.

- SCID manifests early with:
  - Persistent and recurrent diarrhoea, otitis, thrush and respiratory infections in the first few months of life.
- T cell defects associated with:
  - Candidiasis, CMV infection, measles and varicella leading to life threatening pneumonia, meningitis and sepsis.
- **SCID managed through Ig infusion, stem cell transplantation and gene replacement.**

# T CELL IMMUNODEFICIENCY DISEASES

- **T cell congenital disorders display:**
  - Little or no cell mediated immunity and may involve B cell deficiencies.
- **Patients particularly susceptible to:**
  - Repeated fungal (*Candida*) infection.
  - Protozoan and viral infections.

# **PRIMARY T CELL IMMUNODEFICIENCY INCLUDES:**

- **Di-George syndrome**
- **Wiskott-Aldrich syndrome**
- **Cartilage hair hypoplasia,**
- **Ataxia - telangiectasia**
- **Defective expression of class II MHC molecules**
- **Defective expression of CD3-T cell receptor (TCR) complex**

# DI GEORGE SYNDROME (THYMIC APLASIA)

Congenital disorder characterized by:

- Lack of embryonic development or underdevelopment of the 3rd and 4th pharyngeal pouches.
- Thymic hypoplasia, hypothyroidism and congenital heart disease.
- Patients susceptible to uncontrolled opportunistic infections.
  - Impaired in cellular mechanisms.
  - Profound lymphopenia (T cell  $<1200\mu\text{L}$ ).

# ATAXIA TELANGIECTASIA (AT)

**Autosomal recessive progressive neurodegenerative childhood disorder associated with:**

- Lack of coordination (cerebella ataxia) and dilation of facial blood vessels (telangiectasis) and slurred speech.
- 
- Patients have defective mechanisms of DNA repair and are predisposed to leukaemias and lymphomas.
- Extremely sensitive to radiation exposure and susceptible to chronic respiratory infections.

# WISKOTT-ALDRICH SYNDROME (WAS)

**An X-linked recessive disorder associated with thrombocytopenia and eczema.**

- Patients have
  - Elevated IgA and IgE
  - Low IgM

**Variable T cell dysfunction T cell dysfunction manifested by:**

- Severe herpes virus and *Pneumocystis carinii* infections
- Increased lymphomas and autoimmune diseases.
- Recurrent pyogenic bacterial infections.
- Usually affecting ears, sinuses and lungs.



**Thank you**