A 2-YEAR-OLD GIRL WITH MULTIPLES RECURRENT SKIN ABSCESES, PNEUMONIA AND MUCOCUTANEOUS CANDIDIASIS

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A 2-year-old girl was referred to our ambulatory clinic with three-months history of left cervical abscess that did not show improvement with oral cephalosporin treatment.
PAST MEDICAL HISTORY

- She was born in 2011
- Second child of healthy non consanguineous parents
- No previous local or systemic vaccine reaction, including BCG

PHYSICAL EXAMINATION

- Non-toxic appearance
- Multiples enlarged and tender bilateral lymphadenopathy of the anterior and lateral cervical regions
CLINICAL COURSE

- No response to an oral antibiotic course with Sulfamethoxazole Trimethoprim
- Abscesses continued to grow and new ones appeared
- The patient was hospitalized

Surgical drainage was performed
IV antibiotic was given
Gradual response
Hospital discharge was indicated
Ambulatory follow-up reinitiated
CLINICAL COURSE

- Skin abscesses and Oral candidiasis persist
- Frequent drainage → 4 times in a 6-month period
- Supportive management:
  - Antibiotic and Antifungal prophylaxis
  - Intravenous immunoglobulin
Which differential diagnosis should be considered?

According to this, Do you think there is any scoring system that could be applied to this patient?

Which laboratory test should be performed?
<table>
<thead>
<tr>
<th>TEST</th>
<th>RESULT</th>
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<tbody>
<tr>
<td>Complete blood count</td>
<td>Normal, except for Eosinophilia (850 cells/microliter)</td>
</tr>
<tr>
<td>Renal and hepatic function</td>
<td>Normal</td>
</tr>
<tr>
<td>HIV ELISA and tuberculin skin test</td>
<td>Normal</td>
</tr>
<tr>
<td>Immunoglobulins</td>
<td>▪ IgG level was mildly high with normal IgM and IgA values</td>
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<tr>
<td></td>
<td>▪ Serum IgE concentration was 3740 IU/ml</td>
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<td>Lymphocyte flow cytometry</td>
<td>Normal, except for diminished memory T cell population</td>
</tr>
<tr>
<td>NBT and DHR Flow Cytometric Assay</td>
<td>Normal</td>
</tr>
<tr>
<td>Cultures</td>
<td>Cervical abscess → Methicillin-sensitive <em>Staphylococcus aureus</em></td>
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<tr>
<td></td>
<td>Oral lesion → <em>Candida albicans</em></td>
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<tr>
<td>Imagenological studies</td>
<td>Chest X-ray / CT showed no lung involvement and skeletal X-ray survey was normal</td>
</tr>
</tbody>
</table>
What else can we do?

- Another management strategy should be done if we prove our diagnosis?