

# Refractory Asma – A Case Of Humoral Immunodeficiency

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## Case

RFM, 9 years old, referred for allergy assessment due to frequent visits to the infantil hospital presents with a history of recurrent pneumonia, sinusitis and otitis. It has associated atopy and during follow-up evaluations in Allergy showed diagnosis of mild persistent asthma. We started prophylactic treatment with corticosteroid pulmonary action and beta 2 agonist of long duration. Although adequate management with quarterly visits to the allergy ambulatory, therapeutic adherence by family members, correct use of medications and understanding of the pathology in question, treatment refractoriness occurred. New reclassification of the level of mild persistent asthma.

Through a history of inadequate management, anti-HBs antibodies were requested, which were non-reactive despite adequate immunization. Serum immunoglobulins with IgM 60 / IgA 83 / IgG 860 supported the hypothesis of a possible differential

diagnosis. Same as IgM / IgG negative pneumococcus serology after specific vaccination. High Resolution Chest Tomography showed signs of atelectasis in both lungs. Normal spirometry. We started the IMUNOGLOBULIN HUMAN STANDARD infusion at a dose of 400 mg / kg / month. The number of infections during the reporting year up to the reassessment date (12 months) was summarized as two mild upper respiratory infections with oral treatment and usual doses of oral antibiotic. Asthma is a common chronic inflammatory and allergic disease throughout the world and its diagnosis is essentially clinical. Its recognition as a systemic disease and the immunological knowledge involved are essential for proper management in order to avoid airway remodeling. In association, deficiency of production of anti-pneumococcal antibodies is still an undiagnosed type of immunodeficiency as well as all other primary humoral immunodeficiencies. Correct early diagnosis improves the patient's quality of life and avoids comorbidities, disability, and inadequate health expenditures.