Clinical Immunology (2010) **134**, 359–360

available at www.sciencedirect.com

Clinical Immunology

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LETTER TO THE EDITOR

Common variable immunodeficiency and granulomatosis treated with infliximab

Ardeniz and Cunningham-Rundles reported in the issue 133 of this journal, their experience with granulomatous disease in patients with common variable immunodeficiency. In their extensive and excellent description of 37 patients, two were treated with TNF-alpha-blocking agents for lung and skin granulomatous disease, without improvement [1]. This treatment failure may suggest to the readers that anti TNF therapy is of low value.

Infliximab and etanercept have both previously shown efficacy in four patients with CVID and granulomatous disease [2–5]. We would like to comment a fifth case of CVID associated necrotizing granulomatous disease with good response to infliximab. A 62-year-old woman with CVID developed, in 1999, multiple nodular lesions affecting both vocal cords. A biopsy specimen showed necrotizing granulomatous lesions, cultures and antineutrophil cytoplasmatic antibodies (ANCA) were negative. In November 2000, she presented a conjunctival nodule in her left eye and nodules and erythematous plaques extended to all limbs, affecting joints with associated synovitis. A skin biopsy showed leucocytoclastic vasculitis and necrotizing granulomata. She was successfully treated with methylprednisolone 40 mg/day but with rapid relapse when steroids were discontinued. In November 2007, her skin lesions became ulcerated and severely painful (Fig. 1a). In February 27, 2008, infliximab 5 mg/kg was administered, in March 12, while receiving dose 2, she was without pain and with shrinking lesions. Infliximab was repeated on April 4 and June 6, 2008. In May all but one ulcer were resolved. Patient persisted well (Fig. 1b) until October 2009 when several ulcers recurred and she was again responsive to infliximab.

The marked success of infliximab in controlling granulomatous inflammation and promoting ulcers resolution in our patient, in two separate occasions, underscores its usefulness. It remains a query why some patients improve and others do not.

Conflict of interest statement
No potential conflict of interest relevant to this article.

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Alejandro Malbrán*
María C. Juri
Diego S. Fernández Romero
Unidad de Alergia, Asma e Inmunología Clínica
Hospital Británico de Buenos Aires,
Servicio de Alergia e Inmunología,
Buenos Aires, Argentina
E-mail address: amalbran31@hotmail.com
(A. Malbrán).
*Corresponding author. Av. Pte. Roque Sáenz Peña 1160-1° B-Ciudad Autónoma de Buenos Aires, Argentina. Fax: +54 11 4382 8302.

21 November 2009

1521-6616/$ – see front matter
doi:10.1016/j.clim.2009.11.014

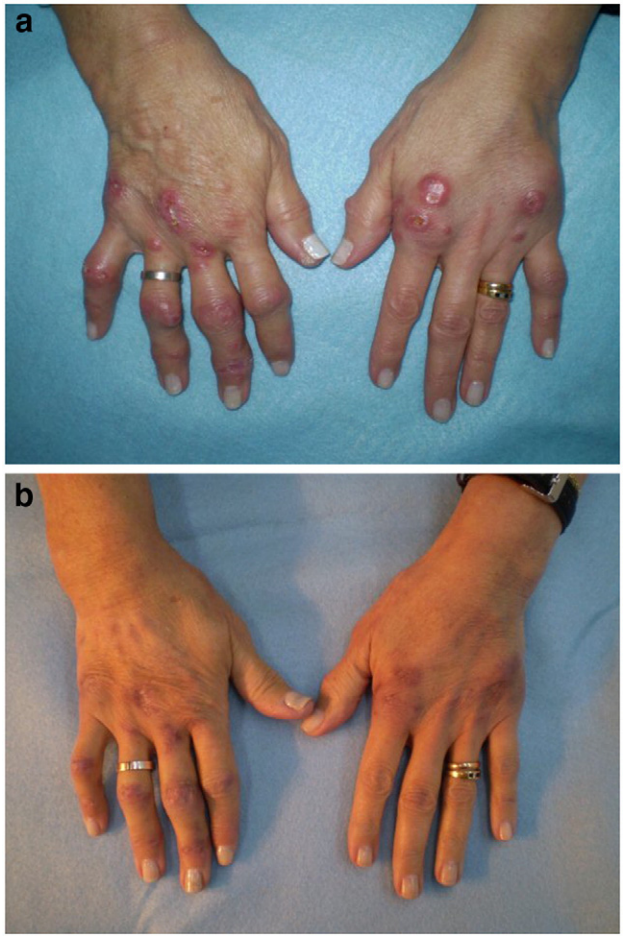

Figure 1 (a) Before infliximab treatment: granulomatous lesions on both hands affecting joints with associated synovitis. (b) After infliximab treatment: granulomatous lesions with marked improvement.