

<b>IMMUNOLOGY</b>
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**PRIMARY ANTIBODY DEFICIENCIES**

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**Abstract:** Primary antibody deficiencies are a group of primary immunodeficiency disorders characterized by a marked reduction or absence of serum immunoglobulins due to intrinsic genetic defects in B-cells or impaired interaction between B-cells and T-cells. Clinical symptoms first manifest usually around 6-12 months of life when maternally acquired antibody levels are waning. The sine qua non of antibody deficiency syndromes is recurrent sino-pulmonary infections, especially with encapsulated organisms. Replacement with intravenous immunoglobulin is the mainstay of treatment in primary antibody deficiencies.

**Keywords:** Agammaglobulinemia, Primary immunodeficiency, Recurrent infections, Hypogammaglobulinemia.

**Points to Remember**

- *Primary B-cell disorders/ primary antibody deficiency disorders (PADs) are the most common primary immunodeficiency disorders (PID) accounting for approximately 50% of all PID cases.*
- *Recurrent infections with typical microorganisms and predilection for specific organ systems (sino-pulmonary system, gastrointestinal tract and bloodstream infections) are important clinical pointers to suspect PADs.*
- *Absent tonsils and non-palpable lymph nodes are simple bedside clues to clinch the diagnosis of X-linked Agammaglobulinemia.*
- *Compliance with regular intravenous immunoglobulin (IVIg) replacement and prophylactic antimicrobial agents remains the standard of care, with proven benefits in both morbidity and mortality.*
- *Autoimmunity in the setting of underlying PADs (especially common variable immunodeficiency) has a heterogeneous spectrum of clinical manifestations and needs a high index of clinical suspicion to recognise.*
- *Appropriate disease specific vaccination plan, genetic counselling and attempts for antenatal diagnosis for monogenic defects are crucial.*

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