Contents

F	oreword by Prof Surjit Singh	V
P	reface	xiii
Α	bbreviations	XV
1.	Introduction	1
2.	Classification of Primary Immune Deficiency: What is clinically relevant?	6
3.	Warning Signs of Immune Deficiency	12
4.	Rising Numbers of PID: Tip of the Iceberg!	18
5.	Recurrent Pneumonia and Immune Deficiency	22
6.	Recurrent Otitis Media and Immune Deficiency	29
7.	Lung Abscess, Empyema, Liver Abscess, Suppurative Lymphadenitis	32
8.	Blood in Stools: Colitis/Dysentery	37
9.	Recurrent Skin Infections and Eczema	43
0.	Disseminated BCG Infection and Immune Deficiency	49
1.	Recurrent Candidiasis and Immune Deficiency	54
2.	Autoimmunity and Immune Deficiency	60
3.	Family History and PID	65
4.	Lymphocyte Counts: An Important Clue to Serious Immune Deficiency	71
5.	Neutrophil Counts: Too Less and Too Many—Both can be Immune Deficiency!	76
6.	Immunoglobulin Assay and Clinical Correlation	84
7.	IgG Subclass Deficiency	90

xviii	Primary Immune Deficiencies Made Simple	
18.	Lymphocyte Subsets	94
19.	NBT and DHR Tests	99
20.	Naïve T cells and Recent Thymic Emigrants	105
21.	Genetic Tests to Diagnose Immune Deficiency	109
22.	Principles of Treatment in Primary Immune Deficiency	116
23.	When is an Immune Deficiency a Medical Emergency?	120
24.	Vaccination in Primary Immune Deficiency	123
25.	Immunology Tests: EDTA Sample? Heparinized Sample? Serum?	126
26.	Algorithms for Quick Reference	128
27.	Age-specific Norms for Immunoglobulins and Lymphocyte Subsets	131
28.	Commonly Diagnosed Immune Deficiencies: A Quick Review	136
29.	Patient Advocacy Groups	150
30.	Think Zebra!	152
Index		155