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PATIENT WITH COMMON VARIABLE IMMUNODEFICIENCY AND RHEUMATOID ARTHRITIS

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BACKGROUND

Common variable immunodeficiency (CVID) is the most common primary immunodeficiency syndrome in adults with equal prevalence of sex. The syndrome usually presents as recurrent infections, beginning in childhood or young adulthood (between 20 and 30 years). Patients with CVID also have a higher prevalence of autoimmune diseases. The association between CVID and rheumatological diseases has been reported in many studies, with adult and juvenile forms of chronic inflammatory arthritis being more frequent, leading to symmetrical oligoarticular or polyarticular involvement, generally affecting knees, ankles and hands, and can result in joint destruction. Due to the rarity of these manifestations, the exact mechanism that covers them is still unknown, although it is likely that auto-reactive B cells are involved.

CASE REPORT

Female patient, 23 years old, with a history of recurrent respiratory and gastrointestinal tract infections since adolescence, has had a clinical diagnosis of common immunodeficiency variable for 1 year, with the following criteria. Significant reduction in serum IgG, low IgA and IgG, lack of response to immunization and absence of any other state of immunodeficiency. She was referred for evaluation with rheumatology due to complaints of wrist pain, in addition to metacarpophalangeal lesions bilaterally for 1 year and 6 months, worse during joint mobilization and in the morning, with prolonged morning stiffness, with no family history of rheumatological disease, on physical examination bilateral arthritis in wrists and in left MCFs, limitation to wrist flexion-extension, X-rays with justarticular porosity in hands, laboratory tests with negative rheumatoid factors, PCR: 6 mg/dL, serology for hepatitis B and C, HIV, CMV negative. The patient was then diagnosed with rheumatoid arthritis according to ACR 1987 classification criteria, initiated treatment with NSAIDs and monthly immunoglobulin replacement as the recommended initial therapy in these cases, scheme used for 4 months without achieving remission or low disease activity, opting to start 10 mg/methotrexate week with remission of symptoms 3 months after modification of the initial therapeutic regimen.

CONCLUSION

Serological diagnosis in rheumatoid arthritis in patients with CVID is not reliable due to the decrease in the synthesis of immunoglobulins, with the majority of patients presenting absence of rheumatoid factor and anti-CCP. The presence of HLA-DRB1*01 antigens can be useful in early diagnosis, but there is low availability. Therefore, clinical evaluation, including physical examination and imaging (X-ray, MRI) is essential in decision making and diagnosis.