CORRESPONDENCE

Are we Competent to Call a Patient "Immuno-competent"?

Avinash Sharma[1], Ajay Sharma[2]

[1]Medical Officer, [2]Assistant Professor, Dr. Rajendra Prasad Government Medical College, Tanda, Himachal Pradesh

Sir,

Apropos of the recently published case report on Invasive *Aspergillus* in an immuno-competent Patient.[1] In the above report, the affected young girl has been reported to be "immune-competent". It is important to know in this regard that Chronic Granulomatous Disease (CGD) is a primary immunodeficiency disorder which is a defect in phagocytic functions and *Aspergillus* is a signature organism causing infections in patients with CGD. So, whenever a patient with *Aspergillus* infection is encountered, it is necessary to rule out CGD. The investigations needed to diagnose CGD are Nitroblue Tetrazolium (NBT) dye test, Dihyro-rhodamine (DHR) test and finally genetic testing.[2]

We also wish to highlight that it is not necessary that patients with CGD will present only in childhood and they can be seen in adulthood as well.[3,4] Ruling out Human Immunodeficiency Virus (HIV) infection and documenting normal levels of immunoglobulins G and A does not rule out underlying immune defects in these patients.

Primary immunodeficiency disorders are rarely reported and the reason is lack of awareness regarding these conditions.[5] It is important to know that these conditions are not rare and they can present at any age.[6] Evaluation for an underlying immune-defect is warranted whenever a patient presents with an unusual infection. However, these patients should not be termed as immuno-competent only because no obvious immunodeficiency could be demonstrated in them. At best, these patients may be called as "apparently immune-competent".

References

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