Clinical Case Presentation

RARE CAUSE OF DIARRHEA

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Initial presentation

- 73 year old women
- Prolonged watery diarrhea
- Weight loss
- Musscle cramps and joints pain

Initial presentation

- **Personal History** - basocellulare carcinoma facial surgery, 5 years ago

- **Family History** – her father had a colorectal carcinoma surgery in his seventies

Clinical Examination

- Vital signs : bp 100/60 mmHg, hr 105 /min
- Pale
- Dry mucous membranes
- Mild perimalleolar edema
- Neurological examination : blepharoptosis, diplopia

Laboratory Findings

COMPLETE BLOOD COUNT

- Er: **2.8 x 10^12/L** (3.8-6.0)
- Le: **2.5 x 10^9/L** (4.0-10.0)
- Plt: 345 x 10^9/L (150-400)
- Hgb: **75 g/L** (115-160)
- MCV: 90 fL (80-98)

CHEMISTRY

- K+: **2.4 mmol/l** (3.8-5.5)
- Urea: 3.1 mmol/l (2.7-8.7)
- Creatinine: 35 umol/l (50-110)
- ALT: **95 IJ/L** (16-63)
- AST: **120 IJ/L** (8-40)
- LDH: **1408 IJ/L** (81-234)
- Cholesterol: **3.0 mmol/l** (<5.2)
- Triglyceride: **0.8 mmol/l** (<1.7)
- Proteins level: **38 g/l** (68-85)
- Albumin level: **26 g/l** (33-55)
- Fe: 7 umol/l (8-30)

IMMUNOCHEMISTY

- CEA: **9.7 ng/ml** (<3.0)
- CA 19-9: **45 U/ml** (<33)
- IgA: **0.47 g/l** (0.7-4.0)
- IgM: **0.0 g/l** (0.48-3.12)
- IgG: **3.2 g/l** (7.0-16.0)
- Proteinuria: 0.17 g/24h (<0.15)

Key points

- Diarrhea
- Blepharoptosis, diplopia
- Bicytopenia
- Low protein level
- Hypogammaglobulinemia

Next diagnostic steps ?

Next diagnostic steps

- **Stool cultures** - normal findings
- **Abdominal ultrasound** - simple hepatic cysts
- **Upper endoscopy** - atrophic gastritis; H.pylori (-)
- **Lower endoscopy** - normal findings
- **Sternal puncture** - normal findings

Neurologist

- **Myasthenia Gravis suspecta**
  (acetylcholine receptor antibodies, electromyography)

- 15 % patients with Myastenia Gravis have **thymoma** ?!

Hypogammaglobulinemia

PRIMARY

- X linked agammaglobulinemia
- Autosomal recessive agammaglobulinemia (ARA)
- Isolated non IgG hypogammaglobulinemia
- Common variable immune deficiency (CVID)
- Immunodeficiency combined with **thymoma** (Good syndrome)
- Wiskott-Aldrich syndrome
- Ataxia-telangiectasia (A-T)

SECONDARY

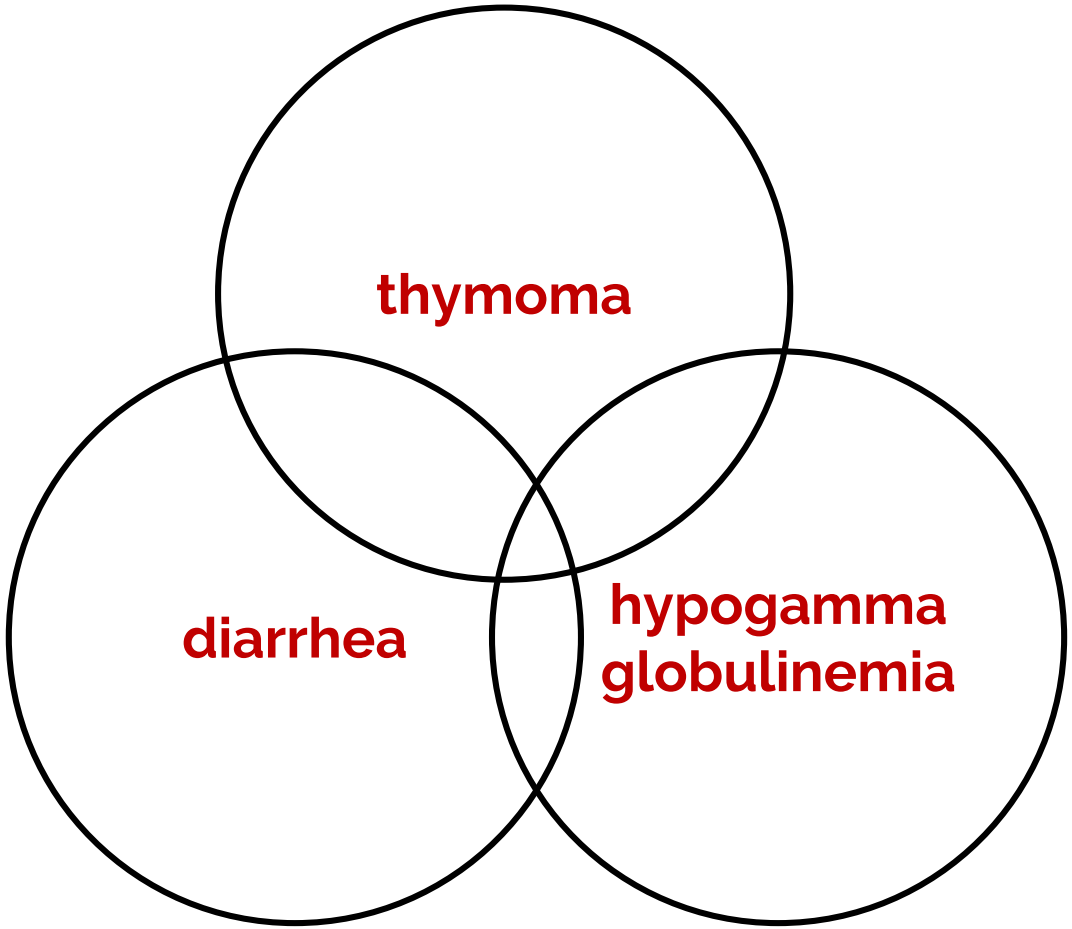
- Nephrotic syndrome
- Protein-losing enteropathy
- Intestinal lymphangiectasia
- Immunosuppressive therapy
- Lymphoproliferative disorders
- Drug-related

Computed tomography

- **CT scan** of the chest – **thymoma !**

Good's syndrome

3% population with thymoma develop Good's syndrome



Good's syndrome

- Good's syndrome is a rare primary immunodeficiency of adults
- First time described in 1954. by Robert Good
- Cause is still unknown

-Our patient had a **thymectomy**
(HP findings showed benign tumor)
-She got intravenous immunoglobulines and other symptomatic treatment
-On 10th postopperative day **diarrhea has stopped**

Thanks!

ANY QUESTIONS?