3.HYPOGAMMAGLOBULINEMIA

3.1 SCOPE

Hypogammaglobulinemia may be:

Primary:

- Usually diagnosed in infancy and managed by Paediatrics/ Immunologists but increasingly common to be picked up in adults.

Secondary:

- Excessive loss of immunoglobulin e.g. protein losing enteropathy, nephrotic syndrome, severe burns
- Drug induced e.g. chemotherapy, corticosteroids, immunosuppressants
- Malignancy e.g. lymphoproliferative disorders, myeloma, lymphoma, Good's syndrome
- Autoimmune disease

Patients usually present with recurrent infections (especially upper and lower respiratory tract infections & GI infections) but also autoimmune or connective tissue disease.

3.2 INVESTIGATIONS

3.2.1 Initial investigations on finding low immunoglobulins

FBC, U&Es, Bone profile, Protein Electrophoresis, Serum Free Light Chains (or urine for Bence-Jones protein).
If paraprotein or abnormal serum free light chain ratio present, please refer to Paraprotein guideline.
If lymphocytosis present, please refer to Lymphocytosis guideline.

If cytopenias present consider routine referral to Haematology. (NB. If patient has weight loss, night sweats or bulky lymph nodes this should be a two week wait referral to exclude lymphoma).

3.3 REFERRAL

Refer to Immunology at University Hospital Plymouth