S11:-

* monillasis = candida

S16:-

* Lymphocytes are mainly T-cells
* CH50 indicates if all complement work or not

S18:-

* normally antibody production starts 5-6 months after birth when the B-cells become mature before this they rely on antibodies that come from the mother so diseases that affects AB production appears after 5-6 months of age

S19:-

* in cascade of AB production IgM is firstly produced then a switch happen to produce other ABs (IgA, IgG, IgD) so if IgA is normal, selective IgA deficiency and problems of switch mechanism are excluded

S22:-

* they have zero Ig

S23:-

* lymphoid tissues are sites of B-cells maturation so tonsils here are absent

No.

S27:-
* IgA is an AB of mucosal membranes

S28:-
* they develop anti-IgA AB so IVIG could cause anaphylactic shock

S32:-
* the defenitive treatment is bone marrow transplantation

S34:-
* cellular immunity = T-cells
* presentation is earlier than AB diseases because they are responsible for immunity in early stages of life

S35:-
* T-cells are programmed in thymus to become tolerant to self antigens & non-pathogenic antigens
* ear and mandibular anomalies present in complete DiGeorge
* hypocalcemia due to absent parathyroids

S36:-
* partial DiGeorge Pt.s are given calcium
* thymic transplantation is unsuccessful
* antibiotics to prevent infections and preserve quality of life

No.

S39:-
* they could have family Hx of immunodeficiency
* if bone marrow transplant is done to them in early age before having any infection it will increase their chance of having normal life dramatically
* success of bone marrow transplant is high in them.

S43:-
* their thrombocytopenia is for unknown cause
* they die because of skin infection because their first line of immunity (the skin) is disrupted by atopic dermatitis and eczema which allows pathogens to get in

S45:-
* if you want to do a bone marrow transplant don't do a spelnectomy because it will put the Pt. in secondary immunodeficiency

S46:-
* talangiectasia is scattered all over the body but it is not the cause of immunodeficiency (the cause is unknown)

S50:-
* neutrophils unable to adhere to endothilial wall so they are unable to leave bloodstream to the site of infection.
* the abscess is cold and unpainful
* LAD شي مطلوب نفرق بين أنواع الـ

No.

S57:-

* neutrophils phagocytose the pathogen but can't kill it (defective degranulation)
* مشية عند مع مقدمة الأمعاء

S61:-

* Granulomas of crohns disease resembles that of CGD So a proper Hx and Phesical examination should be taken and sometimes we have to wait 1-2 years to observe natural history of the disease to differentiate between them

S63:-

* know that it presents as meningo coccal or gonococcal infection

Important:-

* know how to spot an immunodeficient patient (details are not important)
* tables in the first ~~beta~~ slides
* determine the defective component of immune system
* know if bone marrow transplant is benificial or not
* know the expected CBC of each disease