

23RD MSR - SSR 2025

Workshop in Rheumatology





ID018: Primary Antibody Deficiency in a patient with inflammatory arthritis and porcelain aorta

"A Tale of the Silent Guard and Ceramic Core"

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25 year old Man (2025)

Prolonged fever and pneumonia at 2 years old (2002)

Bilateral eye bhpleritis at 10 years old (2010)

Otitis media with effusion at 11 years old (2011)

Peripheral SpA at 17 years old (2017) - Started **Sulphasalazine**

PROGRESS 2019 - 2021

2019 APRIL	2019 SEPTEMBER	2019 DECEMBER	2020 OCTOBER	2021 JANUARY
Pain at hand,	Dactylitis	No improvement	Doing well and	Doing well without
elbow and shoulder	the same and		self stopped DMARD	TJC -0
TJC - 5	TJC - 2	TJC - 6	TJC -O	SJC - 0
SJC - 3	SJC-2	SJC - 5	SJC - 0	CVS - Diastolic murr
CRP 36 mg/L	CRP 26.9 mg/L	CPR 33 mg/L	CRP 35mg/L	CRP 42.4mg/L
MTX 22.5mg/week	MTX 17.5mg/week	MTX 15mg/week	Not keen further	ECHO - Moderate

Parapneumonic Effusion at 24 years old July (2024)

September 2024 - Lobar pneumonia and mitral valve infective endocarditis **Culture: Streptococcus Viridans (Sputum)** & Haemophilus influanzae (Blood)

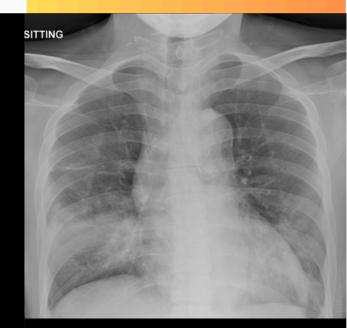
November 2024 - Lobar pneumonia Proceeded with CT Scan and **PET Scan**



Chest Radiograph July 2024



Chest Radiograph Sept 2024

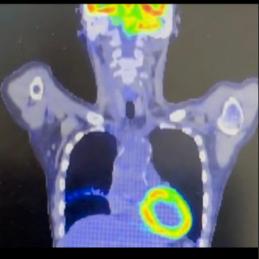


Chest Radiograph Nov 2024

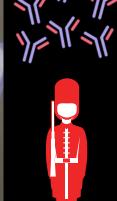




CT November 2024



PET/CT November 2024



Hemoglobin 13.7g/dL Sodium 140 mmol/L Creatinine 48 umol/L CRP 64 mg/L (high) **HIV Serology Negative Syphilis Negative** Albumin 32 g/L, Globulin 16g/L (low) IgG < 3 (low), IgA 0.1 (low),

IgM < 0.04 (low)

Investigations

-Elder brother died due to infection at age 26 -Male cousin passed away due to infection at age

-2nd male cousin has bronchiectasis with recurrent infection on monthly hospital visit

Flow cytometry assay -66% patient monocyte express BTK Protein

DIAGNOSIS

X-Linked Agammaglobulinaemia (Brutons) with Primary Antibody Deficiency (PAD) associated arthrits and Porcelain aorta

Discussion and Conclusion

- 1. Primary antibody deficiency associated arthritis shares features with SpA(Pott, RMD **Open 2022)**
- 2. To consider immunodeficiency in patients with recurrent infection
- 3. To consider differential of primary immunodeficiency in patients with persistent low globulin
- 4. Differential diagnosis of enlarged aorta include hereditary cause, inflammatory cause and infectious cause
- 5. PA (Porcelain Aorta) is associated with systemic inflammatory diseases such as Gene Sequence Analysis: BTK Gene PATHOGENIC Takayasu arteritis (TA) and need to be considered in this patient (Abramowitz et al. Circulation. 2015)
 - 6. There are rare reported case of Takayasu arteritis with primary immunodeficiency (Sener et al, 2022)