

TABLE 80-4 INHERITED DISORDERS OF PHAGOCYTE FUNCTION: DIFFERENTIAL FEATURES

Clinical Manifestations	Cellular or Molecular Defects	Diagnosis
Chronic Granulomatous Diseases (70% X-Linked, 30% Autosomal Recessive)		
Severe infections of skin, ears, lungs, liver, and bone with catalase-positive microorganisms such as <i>Staphylococcus aureus</i> , <i>Burkholderia cepacia</i> complex, <i>Aspergillus</i> spp., <i>Chromobacterium violaceum</i> ; often hard to culture organism; excessive inflammation with granulomas, frequent lymph node suppuration; granulomas can obstruct GI or GU tracts; gingivitis, aphthous ulcers, seborrheic dermatitis	No respiratory burst due to the lack of one of five NADPH oxidase subunits in neutrophils, monocytes, and eosinophils	DHR or NBT test; no superoxide and H ₂ O ₂ production by neutrophils; immunoblot for NADPH oxidase components; genetic detection
Chédiak-Higashi Syndrome (Autosomal Recessive)		
Recurrent pyogenic infections, especially with <i>S. aureus</i> ; many patients get lymphoma-like illness during adolescence; periodontal disease; partial oculocutaneous albinism, nystagmus, progressive peripheral neuropathy, mental retardation in some patients	Reduced chemotaxis and phagolysosome fusion, increased respiratory burst activity, defective egress from marrow, abnormal skin window; defect in <i>CHS1</i>	Giant primary granules in neutrophils and other granule-bearing cells (Wright's stain); genetic detection
Specific Granule Deficiency (Autosomal Recessive and Dominant)		
Recurrent infections of skin, ears, and sinopulmonary tract; delayed wound healing; decreased inflammation; bleeding diathesis	Abnormal chemotaxis, impaired respiratory burst and bacterial killing, failure to upregulate chemotactic and adhesion receptors with stimulation, defect in transcription of granule proteins; defect in <i>CEBPE</i>	Lack of secondary (specific) granules in neutrophils (Wright's stain), no neutrophil-specific granule contents (i.e., lactoferrin), no defensins, platelet α granule abnormality; genetic detection
Myeloperoxidase Deficiency (Autosomal Recessive)		
Clinically normal except in patients with underlying disease such as diabetes mellitus; then candidiasis or other fungal infections	No myeloperoxidase due to pre- and posttranslational defects in myeloperoxidase deficiency	No peroxidase in neutrophils; genetic detection
Leukocyte Adhesion Deficiency		
Type 1: Delayed separation of umbilical cord, sustained neutrophilia, recurrent infections of skin and mucosa, gingivitis, periodontal disease	Impaired phagocyte adherence, aggregation, spreading, chemotaxis, phagocytosis of C3bi-coated particles; defective production of CD18 subunit common to leukocyte integrins	Reduced phagocyte surface expression of the CD18-containing integrins with monoclonal antibodies against LFA-1 (CD18/CD11a), Mac-1 or CR3 (CD18/CD11b), p150,95 (CD18/CD11c); genetic detection
Type 2: Mental retardation, short stature, Bombay (hh) blood phenotype, recurrent infections, neutrophilia	Impaired phagocyte rolling along endothelium; due to defects in fucose transporter	Reduced phagocyte surface expression of Sialyl-Lewis ^x , with monoclonal antibodies against CD15s; genetic detection
Type 3: Petechial hemorrhage, recurrent infections	Impaired signaling for integrin activation resulting in impaired adhesion due to mutation in <i>FERMT3</i>	Reduced signaling for adhesion through integrins; genetic detection
Phagocyte Activation Defects (X-Linked and Autosomal Recessive)		
NEMO deficiency: mild hypohidrotic ectodermal dysplasia; broad-based immune defect: pyogenic and encapsulated bacteria, viruses, <i>Pneumocystis</i> , mycobacteria; X-linked	Impaired phagocyte activation by IL-1, IL-18, TLR, CD40L, TNF- α leading to problems with inflammation and antibody production	Poor in vitro response to endotoxin; impaired NF- κ B activation; genetic detection
IRAK4 and MyD88 deficiency: susceptibility to pyogenic bacteria such as staphylococci, streptococci, clostridia; resistant to <i>Candida</i> ; autosomal recessive	Impaired phagocyte activation by endotoxin through TLR and other pathways; TNF- α signaling preserved	Poor in vitro response to endotoxin; lack of NF- κ B activation by endotoxin; genetic detection
Hyper IgE–Recurrent Infection Syndrome (Autosomal Dominant) (Job's Syndrome)		
Eczematoid or pruritic dermatitis, "cold" skin abscesses, recurrent pneumonias with <i>S. aureus</i> with bronchopleural fistulae and cyst formation, mild eosinophilia, mucocutaneous candidiasis, characteristic facies, restrictive lung disease, scoliosis, delayed primary dental deciduation	Reduced chemotaxis in some patients, reduced memory T and B cells; mutation in <i>STAT3</i>	Somatic and immune features involving lungs, skeleton, and immune system; serum IgE >2000 IU/mL; genetic testing
DOCK8 deficiency (autosomal recessive), severe eczema, atopic dermatitis, cutaneous abscesses, HSV, HPV, and molluscum infections, severe allergies, cancer	Impaired T cell proliferation to mitogens; mutation in <i>DOCK8</i>	Severe allergies, viral infections, high IgE, eosinophilia, low IgM, progressive lymphopenia, genetic detection
Mycobacteria Susceptibility (Autosomal Dominant and Recessive Forms)		
Severe extrapulmonary or disseminated infections with bacille Calmette–Guérin (BCG), nontuberculous mycobacteria, salmonella, histoplasmosis, coccidioidomycosis, poor granuloma formation	Inability to kill intracellular organisms due to low IFN- γ production or response; mutations in IFN- γ receptors, IL-12 receptors, IL-12 p40, <i>STAT1</i> , <i>NEMO</i> , <i>ISG15</i> , <i>GATA2</i>	Abnormally low or very high levels of IFN- γ receptor 1; functional assays of cytokine production and response; genetic detection
GATA2 Deficiency (Autosomal Dominant)		
Persistent or disseminated warts, disseminated mycobacterial disease, low monocytes, NK cells, B cells; hypoplastic myelodysplasia, leukemia, cytogenetic abnormalities, pulmonary alveolar proteinosis	Impaired macrophage activity, cytopenias; mutations in <i>GATA2</i>	Profound circulating monocytopenia, NK and B cell cytopenias; genetic detection

Abbreviations: C/EBP ϵ , CCAAT/enhancer binding protein- ϵ ; DHR, dihydrorhodamine (oxidation test); DOCK8, dedicator of cytokinesis 8; GI, gastrointestinal; GU, genitourinary; HPV, human papilloma virus; HSV, herpes simplex virus; IFN, interferon; IL, interleukin; IRAK4, IL-1 receptor–associated kinase 4; LFA-1, leukocyte function–associated antigen 1; MyD88, myeloid differentiation primary response gene 88; NADPH, nicotinamide–adenine dinucleotide phosphate; NBT, nitroblue tetrazolium (dye test); NEMO, NF- κ B essential modulator; NF- κ B, nuclear factor- κ B; NK, natural killer; STAT1–3, signal transducer and activator of transcription 1–3; TLR, Toll-like receptor; TNF, tumor necrosis factor.