

Letter to the Editor

Dear *Cutis*[®]:

I read with interest the article by Kim et al, "Generalized Seborrheic Dermatitis in an Immunodeficient Newborn" (*Cutis*. 2001;67:52-54) and was somewhat confused by the data presented. The data in Table 1 lists the IgG level as 498 mg/dL, which is slightly lower than the reported lower limit of the reference range in their laboratory. IgG subclass analysis reveals the totals of IgG1 to IgG4 to be 5.91 mg/dL. There is no rational explanation for this discrepancy. An additional fact is that neonatal IgG levels are almost entirely derived from transplacental transport from the mother. A low level would be evidence of an immune deficiency in the mother but say nothing about the infant. Examinations of the IgA and IgM levels, which are derived entirely from the infant, are normal. The only way this infant could be shown to have a B cell deficiency would be to demonstrate abnormal numbers of B cells, data that was not reported. Finally, although the percentages of T cells are slightly reduced, taken in light of the absolute lymphocytosis, the numbers appear to be in the normal range. In closing, I find no evidence from the data presented that this child had any immunodeficiency.

Sincerely,

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Author Response

Dear *Cutis*:

Our patient's immunologic profile included a slightly decreased IgG level of 498 mg/100mL (reference range, 640–1600 mg/100 mL); a marked decrease of IgG subclasses; a slightly increased IgA level; and a normal range of IgM, IgE, C3, and C5 levels. Total lymphocyte count was slightly decreased, and the proportion of B cells to total lymphocytes was 2.7% (reference range, 5%–10%). Clinically, the patient was admitted several times for sepsis and eventually died from sepsis at 3 months of age. Unfortunately, we could not take any further laboratory tests because the parents refused to give permission.

Sincerely,

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