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INFORMATION ABOUT IMMUNODEFICIENCIES

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One of the most common errors in the clinical interpretation of immunological test results is to consider any change in the immunogram as a pathological condition and, therefore, requiring immunocorrection. It is important to understand that in various diseases, when a pronounced stress or weakness occurs in a certain functional system, compensatory reactions develop in neighboring systems as an adaptive response aimed at maintaining homeostasis. That is, changes in the immunogram during diseases are not in themselves a manifestation of immunopathology. The doctor's attempt to bring these indicators to the norm (to the values in healthy people) is a serious mistake, as this can lead to a further aggravation of the underlying pathological process.

The normal immune system can be in two functional states, in principle - quiescent (quiet) activity and active work. Therefore, the doctor can rely on the values of immunogram indicators typical for healthy individuals only when examining a patient during remission. If the patient is examined during an active disease process, the doctor assesses the adequacy of changes in the immunogram based on the patient's clinical condition. In this case, the lack of a response by the immune system against the background of a severe disease is in itself a sign of poor prognosis and indicates impaired immunological reactivity.

In primary immunodeficiencies, the laboratory conclusion based on the results of immunological tests is practically the diagnosis itself. In secondary immunodeficiency, the situation is somewhat more complicated. Firstly, in some cases, even if there are clinical signs of immunodeficiency, changes in the immunogram may not be detected. Secondly, secondary immunodeficiency is not considered an independent nosological form. Therefore, at present, the issue of the need to reflect changes in the immune system when forming a diagnosis in a specific patient has not been fully resolved. Usually, after the clinical immunologist has determined the main diagnosis, the doctor gives a conclusion about the state of the immune system and gives recommendations for further examination and treatment of the patient.

In conclusion, it should be noted that the assessment of the immune status is clinically useful only with the correct use of immunological tests, a clear definition of the indications for the examination, the correct selection of the scope of the study and, most importantly, competent interpretation of the results obtained. Dynamic monitoring of the immunogram is necessary for the detection and monitoring of secondary immunodeficiencies, which allows determining the type of immunological deficiency, justifying immunocorrective therapy and monitoring its effectiveness.

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