

**Leslie** » While you may have normal total IgG levels, if you are low in IgG2 and IgG3, you may have a functional (qualitative) deficiency. You need to see an immunologist to have a complete immune system workup. An immunologist can complete the appropriate vaccine testing, which would include measuring titers to determine if your immune system is working correctly. The usual vaccine testing process involves measuring prevaccine titers, giving the vaccine and then waiting four to eight weeks to measure postvaccine titers. However, depending upon how long ago you received the last pneumonia vaccine, the immunologist may be able to draw your titers without revaccinating.

### Question » How Is an Immune System Problem Diagnosed in Someone with Low IgG Levels and Numerous Bouts of Pneumonia?

*For years, my IgG2, IgG3 and IgM levels have been below the normal range. I have many respiratory problems, including pneumonia, for which I was in the hospital again two weeks ago. I was taken off of methotrexate that I take for rheumatoid arthritis. Yet, I had a physician's assistant laugh at me and say I do not have an immune system problem. How low do my IgG levels have to be to have an immune system problem? Also, I have had pneumonia shots but I don't know if they are working. My second-to-last case of pneumonia was a month after the shot.*

### Question » Could Radiofrequency Ablation Cause Problems in CIDP Patients?

*I have chronic inflammatory demyelinating polyneuropathy (CIDP) and watermelon stomach with frequent bleeding. I have had several endoscopies and cauterizations to no avail. A new procedure known as radiofrequency ablation has been proposed, but I'm concerned it might cause nerve problems with my CIDP.*

### Leslie and Dr. Harville »

Radiofrequency ablation is akin to providing "microwaves" (like a microwave oven) to a very small, localized area. Use in the stomach to cauterize areas of bleeding should not be a problem for CIDP patients, although undergoing anesthesia and other aspects of an operation could be. These should be carefully discussed with the physicians involved.

**Dr. Harville** » Unfortunately, there are no written guidelines regarding cancer therapy for patients with a primary immune deficiency. In general, the immunologist and oncologist discuss the therapies to be used, and verify that sufficient immune globulin therapy is given. Further, they would determine if any antimicrobial therapy is needed. ■

### Question » Are There Cancer Treatment Guidelines for CVID Patients?

*What are the medical guidelines for patients with common variable immunodeficiency who get cancer and need both chemotherapy and radiation? I know patients would discuss this with their immunologist and oncologist, but I would appreciate knowing what the guidelines are.*

» *Have a question?* Email us at [editor@IGLiving.com](mailto:editor@IGLiving.com). Your information will remain confidential unless permission is given.

**TERRY O. HARVILLE**, MD, PhD, is medical director of the Special Immunology Laboratory at the University of Arkansas for Medical Sciences and a consultant for immunodeficiencies, autoimmunities and transplantation.

**LESLIE J. VAUGHAN**, RPh, is senior vice president of clinical programs at NuFACTOR Specialty Pharmacy.