

About selective IgA deficiency

To the Editor,

I would like to bring to the attention of Baştürk and her colleagues some marked errors in their paper, as published in the July – August 2011 issue of the Journal (2011; 53: 364-368).

The authors stated that “The European Society for Immunodeficiencies defines IgAD as serum IgA levels <0.07 g/L with normal IgM and IgG levels in children 4 years and over”. But, in all, 108 samples with IgA levels “lower than 5 g/L” were accepted as deficiency. Actually, Table II indicates 116 cases instead of 108.

These two major errors should be enough for the withdrawal of this paper since it could be used to argue that some studies in developing countries are table work, which would influence all of our studies.

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Reply,

We would like to thank Dr. Özsoylu for his critiques. We respond below to some points related to our article.

First, the reader pointed out that the level of IgA as written in the summary was 5 g/L, which differed from the value in the main text, of “0.07 g/L”. Dr. Özsoylu is correct here; this was a typographical error on our part. The value in the summary should have been written as “0.05 g/L”, as it is written in the first paragraph of the Material and Methods section. The references regarding IgA level are given below:

1-Meini A, Pilan NM, Villanacci V, et al. Prevalence and diagnosis of celiac disease in IgA deficient children. *Ann Allergy Asthma Immunol* 1996; 77: 333–6.

2-Hill ID, Dirks MH, Liptak GS, et al. Guideline for the diagnosis and treatment of celiac disease in children: recommendations of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. *J Pediatr Gastroenterol Nutr* 2005; 40: 1–19.

The second critique of Dr. Özsoylu concerns the difference in the numbers of IgA-deficient patients in the text (108 patients) and in the Table and Figure (116 patients). We could not measure serum IgG and IgM levels in 8 IgA-deficient patients, so we could not say definitively whether these patients were selective IgA-deficient or not. For this reason, we excluded these 8 patients and our final number was calculated as 108. Unfortunately, this point was not explained in the Material and Methods section. If it is possible, we would like to make an additional correction in the numbers in the Table and Figure.

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