

檢測抗丙型干擾素自體抗體的臨床意義

Clinical implications of detection of neutralizing anti-interferon-gamma autoantibodies

胡婉妍

臺大癌症中心醫院感染科

Adult-onset immunodeficiency associated with neutralizing anti-interferon-gamma autoantibodies (anti-IFN γ Abs) is an emerging medical issue worldwide. It has been increasingly recognized to confer susceptibility to disseminated infections caused by organisms that typically affect only people with weakened immune systems (opportunistic pathogens), namely non-tuberculous mycobacteria (NTM), nontyphoidal *Salmonella*, *Burkholderia pseudomallei*, *Cryptococcus*, *Histoplasma capsulatum* and *Talaromyces marneffeii*. The majority of these patients are Asians, which suggests a genetic association; however, it has also been reported in patients of Caucasian and African descents. Early diagnosis of the disease is difficult due to the protean manifestations caused by disseminated opportunistic infections in apparently immunocompetent hosts and because of the absence of routine laboratory assays. These patients were frequently mistaken as having tuberculosis, metastatic cancers, connective tissue diseases and lymphoma at disease onset. They frequently receive excessive diagnostic work-ups and inappropriate therapeutic interventions, leading to a delay in definitive therapy and to less favorable outcomes. Currently, a useful profile of the phenotype is lacking. Nevertheless, recent studies evaluated and showed an excellent usefulness of the mitogen component of the whole blood QuantiFERON-TB Gold-in-tube assays for screening presence of neutralizing anti-IFN γ Abs in the context of disseminated NTM infection. Increased vigilance among clinicians and pathologists are warranted to aid early diagnosis of this emerging adult-onset immunodeficiency. Once the presence of neutralizing anti-IFN γ Abs is confirmed, cautious interpretation and re-assessment of the tentative diagnoses are suggested to avoid inappropriate therapeutic interventions.