

Children's Mercy Kansas City

SHARE @ Children's Mercy

Research Days

GME Research Days 2023

May 12th, 11:30 AM - 1:30 PM

A Case Of DOCK8 Deficiency Treated With Dupilumab

Melissa Anderson

Children's Mercy Kansas City

Brandon D. Newell

Children's Mercy Hospital

Hugo Escobar

Children's Mercy Hospital

Erin Stahl

Children's Mercy Hospital

Nikita Raje

Children's Mercy Hospital

Let us know how access to this publication benefits you

Follow this and additional works at: <https://scholarlyexchange.childrensmercy.org/researchdays>



Part of the Allergy and Immunology Commons, Immune System Diseases Commons, Medical Education Commons, and the Pediatrics Commons

Anderson, Melissa; Newell, Brandon D.; Escobar, Hugo; Stahl, Erin; and Raje, Nikita, "A Case Of DOCK8 Deficiency Treated With Dupilumab" (2023). *Research Days*. 2.

https://scholarlyexchange.childrensmercy.org/researchdays/GME_Research_Days_2023/ResearchDay5/2

This Poster Presentation is brought to you for free and open access by the Conferences and Events at SHARE @ Children's Mercy. It has been accepted for inclusion in Research Days by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact hlsteel@cmh.edu.

A Case Of DOCK8 Deficiency Treated With Dupilumab

Melissa Anderson, MD; Brandon Newell, MD; Hugo Escobar, MD; Erin Stahl, MD; Nikita Rajee, MD

Children's Mercy Kansas City

Background

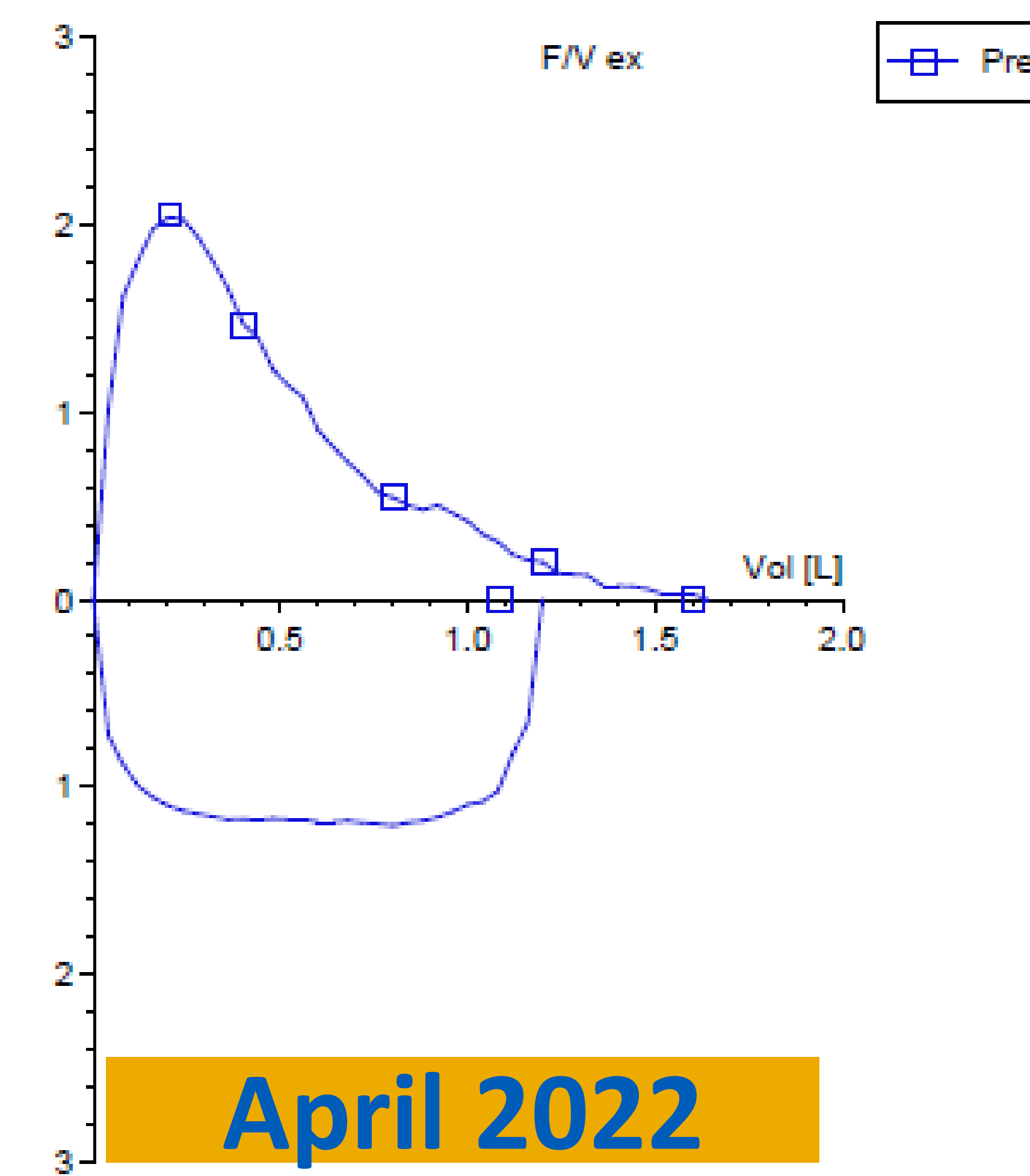
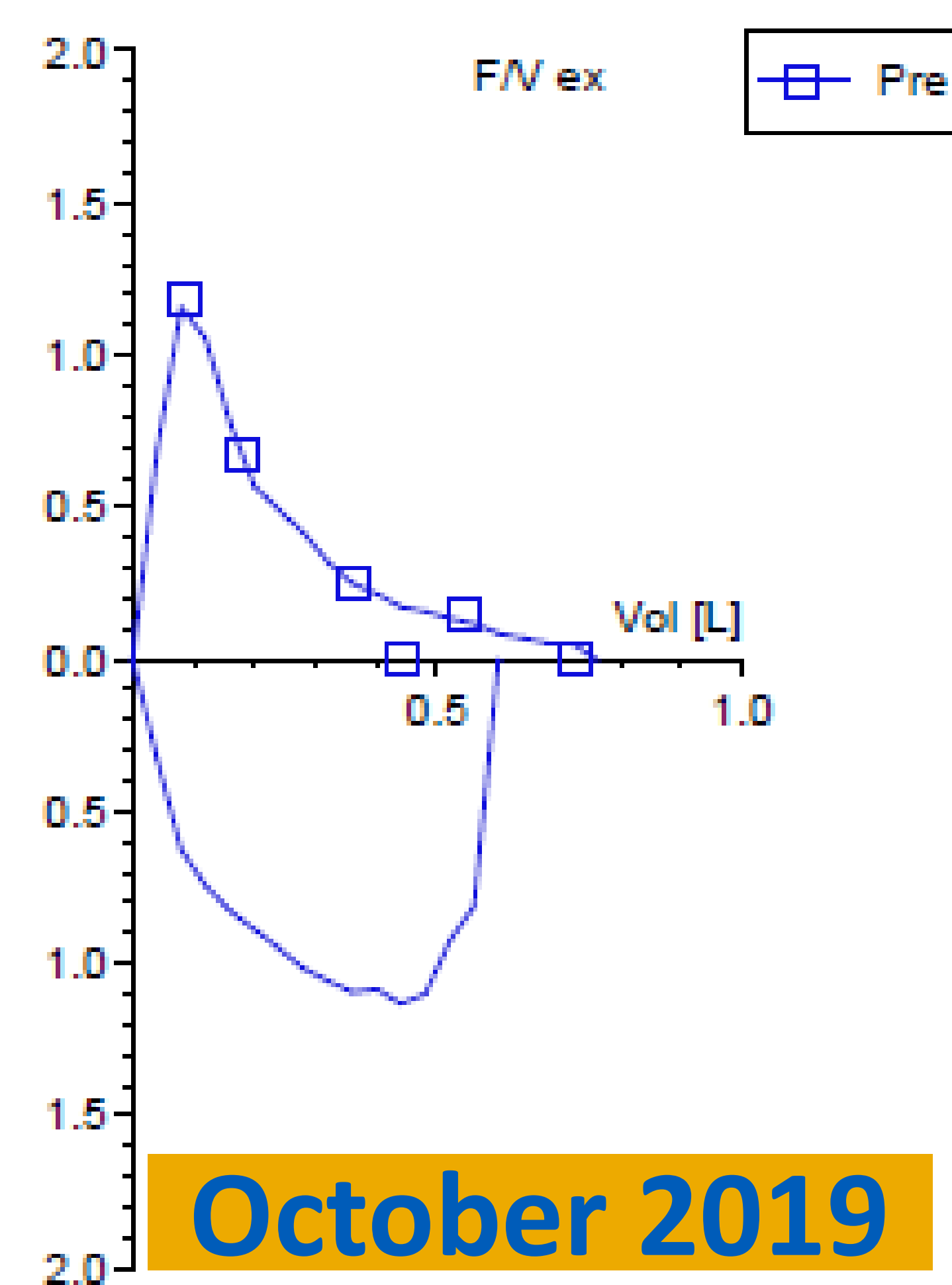
- Deducator of cytokines 8 gene (DOCK8) deficiency is an autosomal recessive form of hyper-IgE syndrome, characterized by elevated IgE levels, eczematous dermatitis, and predisposition to recurrent skin and lung infections.
- Therapeutic interventions include antimicrobial prophylaxis, immunoglobulin replacement, and hematopoietic stem cell transplantation.

Case Presentation

- A 12-year-old male presented to Immunology clinic for DOCK8 deficiency. He initially presented in the first year of life with mucocutaneous candidiasis and was tested for DOCK8 deficiency based on known positive family history.
- Past medical history: severe eczematous dermatitis, asthma, interstitial lung disease, food allergies, and poor growth
- Infectious history: cutaneous HSV and MRSA infections, mucocutaneous candidiasis, HSV keratitis, and MRSA bacteremia
- Family history: Parents are first cousins. Two older siblings also with DOCK8 deficiency, both deceased
- Physical exam: diffuse severe eczematous, lichenified papules and plaques with full body distribution, intermittent coarse breath sounds

Laboratory Evaluation

| Diagnostic Test | Patient Result |
|----------------------------------|--|
| WBC (cells/mcL) | 27,970 |
| AEC (cells/mcL) | 10,350 |
| CD4+ absolute (cells/mcL) | 1863 |
| CD8+ absolute (cells/mcL) | 3208 |
| CD19+ absolute (cells/mcL) | 3312 |
| IgE (kU/L) | 14,730 |
| Genetic sequencing of DOCK8 gene | Homozygous for novel 2 bp deletion resulting in frame shift mutation in exon 14 at codon 510 |



Management

- He was started on weekly subcutaneous immunoglobulin replacement, as well as prophylactic trimethoprim-sulfamethoxazole and valacyclovir.
- Family declined bone marrow transplantation.
- For his eczematous dermatitis, his medication regimen included desonide 0.05% ointment, triamcinolone 0.1% ointment, and fluocinonide 0.05% ointment.
- Due to the severity of his dermatitis, dupilumab injections were initiated, with an initial dose of 600 mg followed by 300 mg every 4 weeks.
- Within a year, he reported significant improvement in cutaneous and respiratory symptoms, with decrease in pruritus and increase in lung function from FEV1 of 32% to 63%.

Discussion

- In patients with DOCK8 deficiency, hematopoietic stem cell transplantation is curative.
- For patients who are unable or unwilling to undergo or awaiting transplant, dupilumab is a treatment option for improvement of both cutaneous and respiratory manifestations.

References

- Aydin SE, et al. DOCK8 deficiency: clinical and immunological phenotype and treatment options - a review of 136 patients. *J Clin Immunol.* 2015 Feb;35(2):189-98.
- Aydin SE, et al. Hematopoietic Stem Cell Transplantation as Treatment for Patients with DOCK8 Deficiency. *J Allergy Clin Immunol Pract.* 2019 Mar;7(3):848-855.
- Dasouki M, Okonkwo KC, Ray A, Folmsbeel CK, Gozales D, Keles S, Puck JM, Chatila T. Deficient T Cell Receptor Excision Circles (TRECs) in autosomal recessive hyper IgE syndrome caused by DOCK8 mutation: implications for pathogenesis and potential detection by newborn screening. *Clin Immunol.* 2011 Nov;141(2):128-32.
- Ollech A, Mashiah J, Lev A, Simon AJ, Somech R, Adam E, Barzilai A, Hagin D, Greenberger S. Treatment options for DOCK8 deficiency-related severe dermatitis. *J Dermatol.* 2021 Sep;48(9):1386-1393.