PRIMARY IMMUNODEFICIENCY (PID) AND CANCER IN CHILDREN

El mouatacim K*, Kili A* , El Kababri M* , Hessissen L* , El khorassani M* , Khattab M.*Bousfiha AA**, Ailal. F**, Benhssain. I**.
*Hematology and Pediatric oncology center, children's hospital. Rabat. Morroco
**unit of primary imunodeficiency, children's hospital, Casablanca, Morroco.

INTRODUCTION

Cancer arises more frequently in a background of immunodeficiency. Leukemia and lymphoma are more frequent in children with primary immunodeficiency diseases (PID). We studied retrospectively patients with cancer and primary immunodeficiency in unit of heamatology and oncology
(Rabat- Morroco).

RESULTS

- **case 1:** OZ,**6** years old boy admitted for Burkitt's lymphoma with abdominal disease and facial paralysis. The past medical history reveletad recurrent pulmonary infections, bronchectasia. He was treated with GFAOP LMB 05 protocol (French African Pediatric Oncology Group) and he is in continue complete remission. The immunological investgation after CR revelated immunoglobulin A deficiency.

- **case 2:** IN, 5 years old boy, born to consanguineous parents, admitted for acute lymphoblastic leukemia. The diagnosis of Ataxia-Telangiectasia is not known. The past medical history reveletad recurent infections , hypotonia and ocular telangiectasia treated for conjunctivitis. He was treated by national protocol called Marall 06. He achieved complete remission (CR) but he death at day 27 for intensification by severe sepsis.

- **case 3:** CM, a 15 years old boy, followed for AT since the age of 5 years. was admitted for Burkitt's lymphoma with cervical lymph node, thyroid and abdominal disease. CM was treated with GFAOP LMB 05 protocol (French African Pediatric Oncology Group). The evolution was remarqued by deep febral neutropenia with sever sepsis at day 7 of the first induction . He died 7 days later from chemotoxicity.

- **case 4:** I, 8 months old girl. She is admitted for acute myeloblastic leukemia. The past medical history revelated facial dysmorphia, pigmentary skin's disorders, including hypo and hyperpigmented areas, cardiopathy (CIA ostium secondum). The immunologicals and genetics investigations revalated immunodeficiency and chromosomal instability with enormous increase in exchange events between homologous chromosomes (or sister chromatids) caracteristic of Bloom's syndrome .
She dead in induction phase in a sepsis table.

- **case 5:** KR, 7 years old girl,followed for Nijmegen breakage syndrome since the age of 5 years, was admitted for hodgkin diasease revealed by mediastinal node, hepato-splenomegalia and pulmonary disease.
KR was treated with 5 COP +2OEPA+ 4COPDAC without radiotherapy because of the chromosomal instability. She received also transfusion of immunoglobulin every 15days. We don't achived a complete remission after 08 months of treatment.

- **case 6:** C, 11 years old girl, born to consanguineous parents, sister followed for AT , followed also for AT since the age of 6 years, was admitted for lymphoma T revealed by cervical and axillary nodes. C was treated with chimiotherapy with good initial tolerance.
She dead at the consolidation phase in a fever table with altered general status.

CONCLUSIONS

Possibility association cancer and PID in children oblige to explore the immunity especially if past medical history gives them risk factors for developing cancer : hereditary abnormalities (congenital malformation, pigmentary skin's disorders, heamatological disorders, telangiectasias or history of reccurent infections).