

## Foreword

# The Question of When and How



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*Consulting Editor*

Replacement immunoglobulin therapy saves lives. When a patient is deficient in immunoglobulins and is unable to produce antibodies in response to pathogens, the rationale for immunoglobulin replacement therapy is straightforward. The rationale becomes more problematic when the immunoglobulin level is only mildly reduced or the antibody response is partial. How do we decide which of these patients will respond to immunoglobulin therapy and which will not? What are the minimum criteria for the initiation of immunoglobulin therapy? These are very important issues that all practitioners struggle with. Once we decide on immunoglobulin therapy, the immediate next questions are: which preparation and what route? The issues at stake are the quality of available immunoglobulins, IgA content, the amount of salt, sugar, blood-derived nonimmunoglobulin products, stabilizing agents, preservatives, and finally the pH and osmolality of the solution. Many of these factors contribute to the side-effect profile of the IVIG preparation. The safety and efficacy of subcutaneous immunoglobulin have now been well established. So the question is: which patient is best suited for this treatment as opposed to IVIG? There is a general consensus on the initial dose of immunoglobulin for replacement therapy. The dose needs to be adjusted based upon the treatment response. The trough level of IgG that renders protection from infections and infection-related complications may vary from patient to patient. Third-party payors have their own guidelines for the trough level of IgG, which may not necessarily be protective against infections. We need a consensus guideline for determining the therapeutically effective IgG trough level.

Dr. Roifman, a leader in the field, has put together this excellent issue dedicated to IVIG. A group of outstanding experts presents the state of the art on matters that are of

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practical importance to clinicians. The value of this issue to practicing immunologists and other physicians is enormous.

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