COMMON VARIABLE IMMUNODEFICIENCY AS A RISK FACTOR FOR DEVELOPMENT OF GASTRIC ADENOCARCINOMA

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A case report describes gastric adenocarcinoma in a 33-year-old woman with common variable immunodeficiency, highlighting the up to 50-fold increased cancer risk and dysfunctional gastric immune microenvironment characteristic of this primary immunodeficiency disorder.

KEY POINTS

- Gastric adenocarcinoma is the leading cause of death in patients with common variable immunodeficiency (CVID), who face up to 50 times higher cancer risk than the general population
- The case involved a 33-year-old woman with CVID and Addison's disease who developed HER2-positive gastric adenocarcinoma presenting as a 40 mm semipediculated polyp with severe hemorrhage requiring arterial embolization
- Studies demonstrate that CVID patients exhibit dysfunctional gastric immune profiles with elevated CD4+, CD8+, Foxp3+, GATA3+, and PD-L1 cells and reduced CD20+ B-lymphocytes and CD138+ plasma cells compared to individuals without CVID
- GATA3 expression by cytotoxic T lymphocytes represents a mechanism for tumor immune escape and T-cell depletion in this population
- The authors suggest that understanding monogenic causes of CVID, particularly NF-Kb1 deficiency, may help stratify patients for gastric cancer screening and individualized surveillance

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