Time line of Discovery of Major Types of PI and Major Advances in Treatment and Scientific Understanding

1922 Neutropenia
1926 Ataxia-Telangiectasia
1929 Chronic mucocutaneous candidiasis
1937 Wiskott-(Aldrich) syndrome
1944 Purification of \( \gamma \)-globulin
1950 Lymphocytophthisis (SCID)
1952 Agammaglobulinemia (XLA) and treatment with \( \gamma \)-globulin
1953 A lymphocytosis (SCID)
1954 Acquired agammaglobulinemia in an adult woman (CVID)
1957 Chronic granulomatous disease
1957 Swiss-type agammaglobulinemia and lymphopenia (SCID)
1958 “Combined humoral and cellular” deficiency (SCID)
1960 Complement deficiency
1961 Hyper IgM Syndrome
1963 Thymic alymphoplasia (X-linked SCID)
1964 Selective IgA Deficiency
1965 DiGeorge Syndrome
1968 “Two component” concept for development of immune system (T and B cells)
1968 Bone marrow transplantation for SCID
1969 XLP (1975 “Duncan syndrome”)
1970 Classification of Primary Immune Deficiencies by WHO
1972 ADA deficiency as a cause of SCID
1974 IgG Subclass deficiency
1974 Hyper IgE syndrome
1980 Leukocyte Adherence Protein deficiency (LAD)
1982 Recognition of AIDS
1982 IVIG in the US
1991 Gene therapy trials for ADA deficiency
1992 ”10 Warning Signs of PI” published
1993 Identification of Btk as site of mutation in XLA
1997 SCID as “pediatric emergency”
2003-2004 Only 10 genes account for >93% of SCID

References:


Rosen FS. A brief history of immunodeficiency disease. Immunologic Rev 178: 8-12, 2000

Stiehm ER and Johnston RB Jr. Peds Research 57: 458-467, 2005

Compiled February 2006 by Melvin Berger M.D., Ph.D.