



PID is Primary
Immunodeficiency

PLEASE DIAGNOSE
CAREFULLY

Margaret Bennett Case study

Margaret Bennett is a teacher and Special Needs Co-ordinator at a primary school. She has never considered herself as having good health but waited until her 50s to discover why.

She says that is hard to know when her symptoms first started. She suffered recurrent sinusitis from her 20s onwards and was regularly away from work and had frequent courses of antibiotics. Late in her first pregnancy she was very concerned to learn that the German measles vaccination, given when she started teaching, had not “taken”. A second vaccination also failed leaving her open to infection and putting her unborn child at risk. But no-one picked up on this or questioned the reason for the failure of both vaccinations.

In her 30s recurrent tonsillitis became a real problem, “I’d feel guilty when I wasn’t at work, and I opted for a tonsillectomy because I thought I’d be able to get on with my job when I was better.”

While she waited for surgery for three months, Margaret remained on low dose antibiotics to ward off further infections. The surgery was a success in that it prevented further bouts of tonsillitis but Margaret still struggled with sinusitis and conjunctivitis throughout her 40s.

Five years ago she was back at her GP with sinusitis, conjunctivitis and a chest infection. “I was feeling very low and very run down and I said to my GP – I think I must just have a rubbish immune system.”

He pointed out that she was a teacher and so very likely to pick up a range of infections from her pupils. She countered that her colleagues didn’t suffer as many illnesses as she did. He agreed to check her blood.

Within a week Margaret had a call on her mobile with the results. The GP had never seen anything like it and signed her off work while he organised a referral to the immunology unit at Birmingham Heartlands hospital.

Margaret was finally diagnosed with CVID at the age of 51 and her general health has improved significantly since she started immunoglobulin replacement therapy.

In some ways she considers herself lucky, the infections on the whole stayed away from her chest and she didn’t suffer from pneumonia. “I’m one of the few patients at the unit who hasn’t suffered permanent lung damage as a result of undiagnosed CVID,” she says.

However, the delay in diagnosis has meant that she has battled with ill-health through most of her working life.

If you would like to get involved with the Campaign, or share your story, or for further details and images to use with press materials please contact the Campaign Media Relations on the email below or call 01273 601996 x25 / x22

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