Serum Immunoglobulin and Transferrin Levels After Childhood Splenectomy

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Schumacher, M. J. (1970). Archives of Disease in Childhood, 45, 114. Serum immunoglobulin and transferrin levels after childhood splenectomy. IgG, IgA, IgM, and transferrin levels were measured in sera from a group of children who had been subjected to splenectomy in the previous 10 years. In those children splenectomized for hereditary spherocytosis, idiopathic thrombocytopenic purpura, or traumatic rupture, mean IgM levels were significantly lower and mean transferrin levels were significantly higher than in sera from control children.

Children splenectomized for thalassaemia major had a significantly raised mean IgG level, while children splenectomized for portal hypertension had a raised mean IgA level. However, IgG and IgA levels in patients who had suffered splenic rupture did not differ from control values.

The finding of high transferrin levels after splenectomy supports the concept of an immunological function for this protein in addition to its iron-binding capacity.

Since the first report of the increased incidence of serious infection in children following splenectomy (King and Shumacker, 1952), a number of studies showing a similarly high incidence of infection after this operation in early childhood have been published. These reports, reviewed critically and supplemented by Horan and Colebatch (1962) and by Erickson, Burgert, and Lynn (1968), show that meningitis and septicemia occur in 5-8% of subjects, and when they do occur, the mortality is high.

This increased risk may be explained in terms of the known ability of the spleen to clear particulate matter from the blood-stream. For instance, there is some evidence to suggest that uptake of particulate antigen from the blood-stream in man is more efficient in the spleen than in the liver when levels of specific antibody are low (Jandl and Kaplan, 1960).

Though the spleen is known to be capable of specific antibody synthesis, the effect of splenectomy on total antibody production in children has been the subject of conflicting reports: some workers (Rowley, 1950; Huang, Sheng, and Pilling, 1960) were able to show impairment of antibody response after removal of the spleen, but others (Smith et al., 1957; Saslaw et al., 1959; Doan, Bouroncle and Wiseman, 1960; Thurman, 1963) were not able to show such impairment of response in asplenic individuals.

Immunoochemical estimation of total serum immunoglobulin concentrations has not been studied extensively, since it has been shown repeatedly that total y-globulin levels in splenectomized children are normal. However, Scheidegger and Martin du Pan (1957) showed absence of IgA and IgM arcs on immunoelctrophoresis of serum from 2 splenectomized infants, and Broberger, Gyulai, and Hirschfeld (1960) reported IgA deficiency in 12 of 28 splenectomized children. This study was undertaken in order to amplify these immunoelectrophoretic findings.

Patients and Methods

At the Royal Children’s Hospital, Melbourne, 142 children had been subjected to splenectomy in the past 10 years. Venous blood was obtained from each of the 80 children who were available for study. Their ages at splenectomy ranged from 3 days to 16 years, and at the time of blood collection their ages ranged from 16 months to 22 years.

Splenectomy was performed for splenic rupture.
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hypersplenism associated with hereditary spherocytosis, thrombocytopenic purpura, hypersplenism associated with thalassaemia major, or to facilitate shunting procedures in portal hypertension. Serum samples from 10 children were obtained both before and after splenectomy.

Control serum samples were obtained from 67 children with traumatic injuries other than splenic rupture or who were undergoing cardiac catheterization for congenital heart disease. As these children were otherwise healthy, it was assumed that their immunoglobulin levels would lie in the normal range. In addition, samples were obtained from 20 blood donors aged between 18 and 22 years.

All sera were stored in small aliquots at -20 °C, until assayed. Immunoelectrophoresis was performed in agar gel using horse antihuman polyvalent antiseraum (Hyland Laboratories). Each test serum was run with a normal control serum and was studied undiluted and diluted 1:2 and 1:4. Estimation of immunoglobulin and transferrin levels was performed by radial immunodiffusion in antibody agar plates (Immunoplates, Hyland Laboratories), using 3 standard sera in each plate. The limits of error in this method were 8%.

Where protein levels in the test serum were well outside the range of the standard protein levels, appropriate dilutions were performed to bring the test protein concentration inside the limits of the standard protein concentration. If the protein concentration of a test sample was not consistent with the appearance of the corresponding arc on immuno-electrophoresis, the radial immunodiffusion assay was repeated.

As a number of previous studies of normal children (e.g. Stiehm and Fudenberg, 1966) have shown, control IgG and IgA levels rose with age, reaching adult levels by 5 years, and IgM levels increased progressively until 2 years of age. Transferrin levels did not change with age, and therefore means for all patients irrespective of age were calculated. Lack of significant age variation in control patients beyond 5 years for IgG and IgA and beyond 2 years for IgM enabled calculation of mean values for all splenectomized children over these ages and their consideration as a single population for comparison with the corresponding control group.

The two groups were not comparable in number under 3 years, but there was an approximately equivalent age distribution beyond this age. It was considered that any inequality in age distribution was irrelevant if the age-group under consideration had reached a constant adult level.

Analysis of variation and covariation was applied to all IgG, IgA, IgM, and transferrin levels to ensure the validity of closer examination within individual disease groups. This requirement was met for all 4 proteins. Where statistical treatment of the data was possible, means and standard deviations were calculated and compared with those of the control values. Standard deviations were compared using the variance ratio test and if found to be similar, the significance of difference between the means was estimated using the Student's t test. Where the standard deviations differed significantly, analysis of variation and covariation was applied in order to compare test and control protein levels.

Results from one patient were excluded from the statistical calculations, since his spleen was removed during the course of a generalized reticuloendothelial disorder which may have represented a primary immunological disease. The findings in this patient, which included absence of isohaemagglutinins and IgM deficiency, have been reported in detail elsewhere (Schumacher, Dennett, and Wettenhall, 1967).

Results

In order to exclude the influence of underlying disease on immunoglobulin levels and to estimate the effect of splenectomy alone, data obtained from children who had undergone splenectomy for splenic rupture were compared with control values. These 2 groups showed no difference with respect to mean IgG and IgA levels, but in the rupture group the mean IgM level was significantly lower and the mean transferrin level was significantly higher than the corresponding values in the control group (Table). Children splenectomized for hereditary spherocytosis and idiopathic thrombocytopenic purpura showed similar differences from control values.

The influence of disease alone on immunoglobulin levels was assessed by comparison of children splenectomized for a medical disease and children splenectomized for rupture. Children with thalassaemia major had significantly higher IgG levels than did the patients in the trauma group. Thalassaemia major was the only underlying disease associated with normal mean transferrin levels. Children with portal venous obstruction had significantly higher IgA levels than did control patients, but the mean IgA level was also significantly higher than that of rupture patients, suggesting that portal hypertension per se had led to increase in IgA levels.

Immunoglobulin and transferrin levels were performed before and after operation in 10 cases. IgG, IgM, and transferrin levels did not show a consistent change after operation but there was an early tendency to an increase in IgA (Fig.).

Only 2 of the children in the survey were known to have suffered serious infection. One of them, a 13-year-old girl with thalassaemia major, died suddenly 3 months after the sample was taken. Her serum immunoglobulin levels were raised (IgG, 2800 mg./100 ml.; IgA, 280 mg./100 ml.; IgM, 315 mg./100 ml.). This child, who had undergone splenectomy at the age of 15 months, succumbed to a brief febrile illness associated with urinary tract infection. Permission for necropsy was refused. Another child, splenectomized at
M. J. Schumacher

TABLE

Immunoglobulin and Transferrin Levels

<table>
<thead>
<tr>
<th></th>
<th>Rupture</th>
<th>Hereditary Spherocytosis</th>
<th>Idiopathic Thrombocytopenic Purpura</th>
<th>Thalassaemia Major</th>
<th>Portal Hypertension</th>
<th>Controls</th>
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<tr>
<td><strong>IgG</strong> (beyond age 5 yr.)</td>
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<td></td>
<td>p</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>&lt;0-001</td>
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</tr>
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<td><strong>IgM</strong> (beyond age 2 yr.)</td>
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</table>

*mg. per 100 ml.
†distribution in this group positively skewed (median = 1100)
SD = standard deviation
p = level of significance of difference from control values.
NS = no significant difference from control values.

8 months for hereditary spherocytosis, suffered *Haemophilus influenzae* meningitis 11 months later, and recovered. Her immunoglobulin levels at the age of 9 years were not decreased (IgG, 1600 mg./100 ml.; IgA, 310 mg./100 ml.; IgM, 110 mg./100 ml.).

Discussion

The finding of low mean IgM levels and high mean transferrin levels in asplenic children conflicts with results obtained by Broberger et al. (1960) who, on visual inspection of the immunoelectrophoresis of 28 splenectomized children, found that in some sera the IgM arcs looked normal, but arcs of transferrin and IgA were weak or absent. However, at the time of that investigation it was not possible to check these findings by immunoelectrophoresis.
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REFERENCES


Marton, C. M. (1962). Relation of transferrin to serum bacteriostatic activity in agammaglobulinemic and other patients. American Journal of the Medical Sciences, 244, 334.


The present largely retrospective survey has shown differences between test and control patients which require confirmation by results of a prospective study. This study has been started, but because only a few of the splenectomized patients in the retrospective survey had very low IgM levels, a large number of children will need to be studied before operation and for a prolonged period after operation.