

Editorial

IVIG in Immunocompromised Pediatric Patients - Advances and Prospects?

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Continuous development of effective antineoplastic therapies causes that immunodeficiencies are estimated to be one of the most vital problem of treatment. One of the possible keys for that could be Intravenous Immunoglobulins (IVIGs), but recommendations about

indications for IVIG substitution are not straightforward. Currently, adult patients are receiving IVIGs if IgG level is below 4-5g/L and there is a risk of life-threatening infection, but when exactly substitution therapy should start? Therefore, it is difficult to introduce a mean dose of IVIGs according to the manufacturer in pediatric patients with neoplasm- lack of clear and unequivocal guidelines about doses of IVIG can lead to no optimal therapeutic effects, which together with high costs of this type of treatment can cause both dissatisfying therapeutic and economical result. Future research should be orientated in a role of IVIG on long-lasting therapies and prevention of infections and establishing recommended doses for pediatric hemato-oncology patients.