

cause of disease.

Hematuria and nephrotic range proteinuria Thyroxine and immunoglobulin Lymph node - peripheral T-cell lymphoma of T follicular helper phenotype and clonal TCRG gene Granulomatous nephritis Anti-mycobacterial therapy for BCGosis Diagnosis of ALPS Defective Fas-mediated apoptosis DN TCR T cells, raised FasL A maternal CD3/CD19-depleted haploidentical 12m 13m Patient 3 Multiple antibiotic courses IViG, antibiotic prophylaxis, and physiotherapy Significant global developmental delay Learning to walk 3 Hard lymphadenopathy as-dependent apoptosis as well as T-proliferative 5 Lymph node EBV-associated follicular hyperplasia Two benign skin tumors: a cellular dermatofibroma and a pilomatrixoma 7 Managed by fundoplication and creation of a Mediastinal mass and pericardial effusion Investigations revealed a primary mediastinal large B-cell lymphoma 9 Tolerated R-CHOP chemotherapy and went into Worsening headache 10 11 12 Progressive loss of her graft 13

Patient 2

Figure 4.5: Clinical history time line of patient 2 and 3.