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INTRAVENOUS IMMUNOGLOBULIN TREATMENT IN AUTISM

Several issues must be discussed in relation to the recently published study of using intravenous immunoglobulin (IVIG) to treat children with autism (DelGiudice-Asch, Simon, Schmeidler, Cunningham-Rundles, & Hollander, 1999).

The clinical picture of autism can arise from a large number of medical conditions (Coleman & Gillberg, 1985). There is no mention in the article that other medical conditions had been investigated and excluded. It is particularly important to investigate possible epileptogenic abnormalities in autistic children. Unrecognized epileptic activity may be causative of autistic symptoms and these may be remediable with anticonvulsants (Plioplys, 1994).

Treatment of autoimmune disorders with IVIG mandates an immunologic work-up. Such a work-up may better define the condition being treated and may give markers to follow during treatment. If nothing else, it is essential to exclude the possibility of selective IgA deficiency. Treating a person who is IgA-deficient with IVIG may lead to a severe anaphylactic reaction.

The first IVIG treatment program of autism took place in 1989–1990 (Plioplys, 1998; 1999). This study involved 10 children all of whom had demonstrated immunologic abnormalities. Although mild improvement was seen in 4 children, 5 had no clinical change. Of note is that 1 child, in a stepwise progressive fashion, totally normalized during the treatment program. This child's dramatic response to IVIG indicates that there is a subset of autistic children whose neurologic disability is due to autoimmune factors that can be effectively treated. One previous report (Gupta, Aggarwal, & Heads, 1996) has given unrealistically optimistic results. The report by DelGuidice-Asch *et al.* (1999) gives a much more realistic outcome of treating autistic children with IVIG.

Further research into autoimmune factors underlying autism and the use of immunologic treatments needs to be pursued.

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