INTRODUCTION

Chronic diarrheal illness represents a considerable burden with consequent significant child morbidity, malnutrition and death particularly in children of developing countries ***(Ghishan, 2004).*** The child who presents to the pediatrician with chronic diarrhea often have a diagnostic challenge where it is important to alleviate the impact of symptoms but it is more important to reveal the true cause underlying such presentation ***(Schiller, 2002).***

Many children with primary immunodeficiency have chronic diarrhea and failure to thrive as a common presentation. This could mask the underling immunodeficiency state which should be discovered early enough in order to target the management towards the cause rather than the result ***(Garcia-Careaga and Kerner, 2004).***

Primary immunodeficiency disorders (PID) are heritable disorders of immune system function ***(Puck, 1994)***, characterized by susceptibility to infection with a predisposition to the development of autoimmune disease and malignancy (***Topas and Kadjo, 2002)***.

IgA deficiency is considered to be the most common antibody deficiency in humans (***Sorensen and Moore, 2000***). Patients with IgA deficiency have an increased frequency of gastrointestinal diseases with giardiasis, nodular lymphoid hyperplasia, celiac disease and inflammatory bowel disease ***(Cunningham-Rundles, 2001***).

AIM OF THE WORK

Is to study the relationship between chronic diarrhea and immunoglobulin A deficiency by screening the children presenting with chronic diarrhea for immunoglobulin A deficiency.