

Single organ autoimmune disease

This page was last modified on 20 August 2013, at 15:03.

 Contents

- [Condition](#)
- [Condition](#)
 - [GUIDANCE FOR THYROID DISEASE](#)
 - [GUIDANCE FOR PSORIASIS](#)
- [Justification for guidance](#)
- [References](#)

Condition

Single organ autoimmune disease, including:

Condition

Single organ autoimmune disease, including:

- Coeliac disease (celiac disease, sprue)
- Pernicious anaemia
- Alopecia areata
- Vitiligo

GUIDANCE FOR THYROID DISEASE

Thyroid disease (e.g. Hashimoto thyroiditis, Graves disease).

Donor must not donate if:

- Malignant (cancerous);
- Any thyroid disorder under investigation;
- Graves disease (hyperthyroidism or thyrotoxicosis) within six months of treatment with radioactive iodine therapy;
- Graves disease (hyperthyroidism or thyrotoxicosis) within 2 years of completing anti-thyroid tablet therapy (e.g. carbimazole);
- Currently taking beta-blockers;

GUIDANCE FOR PSORIASIS

Psoriasis is primarily a skin condition caused by an autoimmune process. About one in ten people with psoriasis may develop joint problems (psoriatic arthropathy). Sometimes the disease is treated with powerful drugs to suppress the underlying autoimmune process. This may alter the body's defence mechanism to infection. In such cases the donations should not be taken.

Donor must not donate if:

- has ever taken Etretinate (Tigason)
- less than 24 months from the last dose of Acitretin (Neotigason)
- generalized or severe
- associated with arthropathy
- there is a secondary infection

If mild and only topical treatment, accept.

Justification for guidance

Adoptive transfer of these autoimmune diseases has been documented following allogeneic transplant. Because these diseases are not usually life threatening, the recipient and the transplant physician should weigh the risk/benefits of using the specific donor on an individual basis.

References

- Aldouri MA, Ruggier R, Epstein O, Prentice HG. Adoptive transfer of hyperthyroidism and autoimmune thyroiditis following allogeneic bone marrow transplantation for chronic myeloid leukaemia. *Br J Haematol* 1990; 74(1): 118-9.
- Berisso GA, van Lint MT, Bacigalupo A, Marmont AM. Adoptive autoimmune hyperthyroidism following allogeneic stem cell transplantation from an HLA-identical sibling with Graves' disease. *Bone Marrow Transplant* 1999; 23(10): 1091-2.
- Campbell-Fontaine A, Coad JE, Kovach R, Ericson SG. Adoptive transfer of vitiligo after allogeneic peripheral blood stem cell transplant. *Bone Marrow Transplant* 2005; 36(8): 745-6.
- Gardembas-Pain M, Ifrah N, Foussard C, Boasson M, Saint Andre JP, Verret JL. Psoriasis after allogeneic bone marrow transplantation. *Arch Dermatol* 1990; 126(11): 1523.
- Holland FJ, McConnon JK, Volpe R, Saunders EF. Concordant Graves' disease after bone marrow transplantation: implications for pathogenesis. *J Clin Endocrinol Metab* 1991; 72(4): 837-40.
- Karthus M, Gabrysiak T, Brabant G, Prahst A, Link H, Soudah B et al. Immune thyroiditis after transplantation of allogeneic CD34+ selected peripheral blood cells. *Bone Marrow Transplant* 1997; 20(8): 697-9.
- Kishimoto Y, Yamamoto Y, Ito T, Matsumoto N, Ichiyoshi H, Katsurada T et al. Transfer of autoimmune thyroiditis and resolution of palmoplantar pustular psoriasis following allogeneic bone marrow transplantation. *Bone Marrow Transplant* 1997; 19(10): 1041-3.
- Marazuela M, Steegman JL. Transfer of autoimmune hypothyroidism following bone marrow transplantation from a donor with Graves' disease. *Bone Marrow Transplant* 2000; 26(11): 1217-20.
- Olivares JL, Ramos FJ, Olive T, Fillat C, Bueno M. Autoimmune thyroiditis after bone marrow transplantation in a boy with Wiskott-Aldrich syndrome. *J Pediatr Hematol Oncol* 2002; 24(9): 772-6.
- Snowden JA, Heaton DC. Development of psoriasis after syngeneic bone marrow transplant from psoriatic donor: further evidence for adoptive autoimmunity. *Br J Dermatol* 1997; 137(1): 130-2.
- Thomson JA, Wilson RM, Franklin IM. Transmission of thyrotoxicosis of autoimmune type by sibling allogeneic bone marrow transplant. *Eur J Endocrinol* 1995; 133(5): 564-6.
- Waters AH, Metcalfe P, Minchinton RM, Barrett AJ, James DC. Autoimmune thrombocytopenia acquired from allogeneic bone-marrow graft: compensated thrombocytopenia in bone marrow donor and recipient. *Lancet* 1983; 2(8364): 1430.