A 61-year-old man from Georgia, with common variable immunodeficiency (CVID), presented with generalized weakness, multiple diarrheal episodes day and night, and 120-lb weight loss over 4 years in the context of chronic giardiasis refractory to multiple treatments with metronidazole. He was deficient in vitamins A, D, and K, as well as iron and zinc. Magnetic resonance imaging of his abdomen showed small-bowel thickening, dilated portal vein, and splenomegaly characteristic of CVID (Figure 1). Upper endoscopy revealed diffusely thickened duodenal folds (Supplemental Figure, available online at http://www.mayoclinicproceedings.org). Duodenal biopsies demonstrated mixed inflammation with increased intraepithelial lymphocytes, foveolar metaplasia, and villous atrophy, with a paucity of plasma cells in the lamina propria (typical of CVID). A cluster of intraluminal giardiasis was also seen (Figure 2A and B).

Chronic giardiasis and CVID enteropathy were diagnosed. Tinidazole, albendazole, and paromomycin were initiated for treatment-resistant giardiasis, and he was given intravenous immunoglobulin and budesonide for CVID enteropathy. His diarrhea stopped, and 2 months later, he had gained 10 lb. Anti-tumor necrosis factor treatment has been reported to be effective and could be an option in the future if he develops refractory CVID enteropathy with proven clearance of Giardia.
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SUPPLEMENTAL ONLINE MATERIAL
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Correspondence: Address to Michele D. Lewis, MD, Division of Gastroenterology and Hepatology, Mayo Clinic, 4500 San Pablo Rd, Jacksonville, FL 32224 (Lewis.michele@mayo.edu; Twitter: @michelelewismd).

ORCID
Michele D. Lewis: https://orcid.org/0000-0001-5465-5211