

# Immune Deficiency Disease:



Claudette and Wayne Bolding.

Immune deficiency disease—I had heard of it in the media, but I had never experienced it. When my son Wayne was born on May 13, 1965, little did I know that I would have a child with this challenging disease. Certainly I did not know about the chronic skin lesions that were a part of it.

Three hours after my son was born, I was told that he would not live due to brain damage and five heart defects. My physician recommended that I not take my baby home. Against advice, I went to the nursery, bundled him up and signed him out of the hospital. While at home, he continued to persevere, and after several months his body became covered with draining wounds. The physician said that my baby had impetigo and treated him with antibiotics. I assured him that I kept my baby and my home very clean. I was told, “That it is an old wives’ tale about impetigo

being caused by dirt.”

My son reached four years of age and continued to have open, draining wounds. I tried every type of over-the-counter ointment and cream to heal and protect his skin. At seven years of age my son had open-heart surgery. Post operatively, he experienced infection, among other complications, and I was told that he might have contracted HIV/AIDS through a blood transfusion. After running a series of tests, we learned that Wayne had immune deficiency disease. He had been born without an immune system and had no B cells and very few T cells. A young boy named David with immune deficiency disease had just been put in a protective “bubble.” The physicians told me that Wayne, at age seven, was too old for a protective “bubble” and that he would get an infection and die.

I begged the physicians to study Wayne, to learn from him and not

## A Mother’s Journey to Protect Her Son and Control His Wounds

By Claudette Bolding, Founder and President of the Immunodeficiency Foundation, Arkansas Home Area  
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give up. In order to protect him from infection, he was hospitalized and became bedridden, causing multiple pressure ulcers from lack of movement. The staff did not want to change his dressings for fear he had AIDS even though he did not, and I changed his wound dressings while he was in the hospital. A nurse who specialized in wound care heard about Wayne and became involved in his care. This nurse taught me how to effectively care for my son’s wounds, which really made a difference for both of us. I became more knowledgeable, and Wayne began his journey to having intact skin.

After two years in the hospital, I prepared for the worst and

brought Wayne home to die. That was 38 years ago. To this day, he receives infusions of gamma globulin every two weeks—which has kept him alive. He continues to be plagued by recurrent skin infections. We have tried every wound dressing available over the years. Our objectives are to control the skin lesions and to keep Wayne comfortable. Throughout this experience with immune deficiency disease, I learned the importance of never giving up hope, of always searching for a firm diagnosis and of the value of specialized wound-care nurses.

For more information on immune deficiency disease, visit [www.primaryimmune.org](http://www.primaryimmune.org). ☺

### What is immune deficiency disease?

The hallmarks of immune deficiency disease are recurrent or unusual infection—some being persistent and some due to unusual micro-organisms that rarely cause problems in healthy people. These infections can affect various organ systems (such as the pulmonary system), or cause meningitis and/or sepsis, gastrointestinal infections and cutaneous (skin) infections. No screening is performed for this disease at birth; therefore, it is usually only detected after the individual has experienced recurrent infections. Treatment may include periodic T immune globulin replacement.



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<sup>1,2</sup> Data on file.

<sup>3</sup> Dykes, P.J., Heggie, R., and Hill, S.A. Effects of adhesive dressings on the stratum corneum of the skin. *Journal of Wound Care*, Vol. 10, No. 2, February 2001.

<sup>4</sup> Dykes, P.J. and Heggie, R. The link between the peel force of adhesive dressings and subjective discomfort in volunteer subjects. *Journal of Wound Care*, Vol 12, No 7, July 2003.

<sup>5</sup> Williams C. *British Journal of Nursing*, Vol 4, No 1, 1995.

