3 years of age and subsequently received adequate treatment (400 mg/month IVIg) with conventional therapy. Despite this, however, he did not survive beyond his twenties. It is notable that the first manifestations were seen at 3 months, which is a relatively young age compared to the situation in XLA patients [3]. Given that early diagnosis of antibody deficiencies can dramatically improve treatment outcomes [9], the patient might have been a victim of delayed diagnosis. He also had recurrent bacterial arthritis, which is not a usual presentation of XLA [3]. Most patients with XLA reach a normal life span with IVIg and prophylactic antibiotics. It has been suggested that XLA is a leaky form of B-cell maturation block when compared to autosomal recessive forms of the phenotype [2]. Therefore, delayed diagnosis in recessive forms of agammaglobulinemia might have more dramatic consequences.

The patient also had delayed secondary sexual growth and developmental anomalies. To the best of our knowledge, pure B-cell deficiencies have not been described as a syndromic disorder. However, given the fact that the patient's parents were consanguineous, it might be possible that he was affected by other mutated genes. We cannot rule out such a putative coincidence.

In conclusion, we have described a novel mutation in the gene coding the μHC compartment of BCR. Our case report endorses the face that pro-B arrests show a more severe presentation than XLA. B-cell biology at its very early development stages has still as many obscure corners as in later stages.

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ERRATUM:

The title of the manuscript "High Prevalence of Asthma and Allergic Diseases in Children Aged 6 and 7 Years From the Canary Islands: The International Study of Asthma and Allergies in Childhood" published in Vol 19 nº 5 of JIACI should read as follows:

"High Prevalence of Asthma and Allergic Diseases in Children Aged 6 to 7 Years From the Canary Islands".
The running title should read "Allergy Prevalence in Canary Island Children"

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