



AUTOIMMUNE BULLOUS DISEASES

UNUSUAL CLINICAL PRESENTATION OF PEMPHIGUS VULGARIS: A CASE REPORT

A Bubic⁽¹⁾ - A Sanader Vucemilovic⁽¹⁾ - A Markota Cagalj⁽¹⁾ - D Vukovic⁽¹⁾ - B Poljak⁽¹⁾ - A Carija⁽¹⁾ - L Vanjaka Rogošic⁽¹⁾ - M Drnas⁽¹⁾ - M Milic⁽¹⁾ - L Šimic⁽¹⁾ - M Jelaca Cicovic⁽¹⁾ - M Šušak⁽¹⁾ - N Puizina Ivic⁽¹⁾

Clinical Hospital Centre Split, Dermatovenerology, Split, Croatia⁽¹⁾

BACKGROUND: Pemphigus vulgaris (PV) is a rare chronic autoimmune blistering skin disease which mainly targets middle-aged and older adults. In this report we present a case of young women with unusual clinical presentation of pemphigus vulgaris.

OBSERVATION: A 26-year-old woman presented with the appearance of vesicles and crusts followed by itching on the feet one month after ablation of nail thumb. Although she was treated with the antibiotic perorally, changes continued to persist and spread after few days on legs, scalp, axillary, periorally and on buccal mucosa. Then she was treated with a combination of antibiotics, antimycotics and corticosteroids perorally but without improvement and was referred to our department. Laboratory finding verified eosinophilia and pathological analysis of the skin changes showed parasites in the epidermis. Treatment of diseases that may increase the level of eosinophils (parasitic, allergic and hematological diseases) were excluded. Patient was treated with albendazole, systemic and topical antibiotics and topical antimycotic. Three weeks after, there was appearance of blisters on the chin, chest, back, limbs, genital and periungval region, occasionally with leakage of the seropurulent fluid and associated pruritus, so she was hospitalized in our department for the 2nd time. DIF examination of perilesional skin demonstrated deposits of IgG intraepidermally and intracellularly in basal epidermal layers and PV was confirmed. The patient was treated with systemic antibiotic, parenteral corticosteroids, azathioprine, ranitidine and 20% human albumin in infusion. Local therapy with antibiotics, antimycotics and corticosteroids were also used.

CONCLUSION: Despite the erosion of the buccal mucosa, high levels of eosinophils in serum, eosinophils and parasites in the skin biopsy were the reason not to suspect on PV earlier. PV is a rare cause of chronic ulceration in oral cavity so early diagnosis and treatment is needed to avoid possible fatal outcome.

