

Case Report

A Case Study on Bullous Pemphigoid

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Abstract

Bullous Pemphigoid (BP) is an autoimmune disorder and characterized by chronic blistering of the skin. It ranges from gently itchy welts to rigorous blisters, and may involve a small area of the body or be widespread. Diverse factors have been reported to play a role in triggering Bullous pemphigoid and include mechanical trauma, drugs like furosemide, penicillin's, and physical traumas like burns from radiation, sun or heat. The diagnosis must be established by skin biopsy. Treatment is focused on reprieve of symptoms and avoidance of infection. An 86 yr female patient was admitted in dermatology department with chief complaints of blisters associated with severe itching all over the body since 2 days. Hyper pigmented plaques are present over the palms of both hands. Based on subjective and objective parameters, the patient is suffered with Bullous pemphigoid. Treatment initiated with antibiotic, anti-histamine, oral prednisolone, topical ointment and cream. The patient condition is better.

Keywords: Autoimmune disorder; Bullous pemphigoid; Chronic blistering; Dermatology

Introduction

Bullous Pemphigoid (BP) is an autoimmune disorder and characterized by chronic blistering of the skin. It ranges from gently itchy welts to rigorous blisters, and may involve a small area of the body or be widespread [1]. Bullous is the medical term for a large blister. About 15 to 20 percent of populace with Bullous pemphigoid also develops blisters in the mouth or down the throat in the esophagus [2]. Diverse factors have been reported to play a role in triggering Bullous pemphigoid and include mechanical trauma, drugs like furosemide, penicillin's, and physical traumas like burns from radiation, sun or heat. The diagnosis must be established by skin biopsy. A direct immune-florescence biopsy may also be desirable. Treatment is focused on reprieve of symptoms and avoidance of infection [3]. Minocycline and Tetracycline antibiotics are very helpful for mild to moderate disease and can be used with potent topical steroid creams for quick relief. Prednisone and prednisolone are the choice of treatment for rigorous conditions. High dose is desirable firstly, and the blisters have stopped appearing, dose is gradually reduced. Cyclophosphamide and Methotrexate are used along with the oral steroids to allow a lower dose. Rigorous cases are treated in the hospital to let skilled dressing of the wounds and intravenous injections of the effective treatments. It has a pattern of remissions and flare-ups [4].

Case Presentation

An 86 years female patient was admitted in dermatology department with chief complaints of blisters associated with severe itching all over the body since 2 days. History of present illness is itching all over the body. No similar complaints in the past. Not a known history of DM and HTN. Normal S1 and S2 heart sounds. Hyper pigmented plaques are present over the palms of both hands (Figure 1). Temperature: 98.4°F, Pulse rate: 94 bpm, Respiratory rate: 20 cpm, BP: 130/80 mmHg. Based on subjective and objective parameters, the patient is suffered with Bullous pemphigoid.

In this case the patient is treated with following mediations:

- Tab. Azithromycin 500 mg OD - macrolide-type antibiotic has been effective in bullous pemphigoid
- Tab. CPM 4 mg - antihistamine used to relieve symptoms of itching
- Betamethasone ointment - topical corticosteroid used to treat skin irritation and itch caused by skin conditions



Figure 1: Hyper pigmented plaques over the palms.

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- Neomycin cream-antibiotic used to prevent or treat skin infections
- Tab. Prednisolone-steroid medication used to treat itching
- Inj. Avil - Pheniramine maleate used to treat itching condition
- Tab. Rantac - Ranitidine used as an anti-ulcerative
- Tab. B Complex - Vitamin supplement

Discussion

Incidence of Bullous pemphigoid among the dermatology attendees was 1.8%. A considerable proportion of patients have been younger than 40 years of age. Both sexes are uniformly affected studies reported a considerable male to female preponderance is 3:2. It is an autoimmune disease (Th2 predominance) would be observed and confirmed by Satyam et al. No obvious precipitating factors are identified. The bullae are initiated by the formation of IgG auto antibodies targeting Bullous Pemphigoid Antigen 1 and/or Bullous Pemphigoid Antigen 2. The symptoms may appear urticarial with visible rash. Extremities are commonly involved. Any part of the skin surface can be involved. Diagnosis consist of at least 2 positive results out of 3 criteria (2-out-of-3 rule): (1) pruritus and/or major cutaneous blisters, (2) linear IgG and/or C3c deposits by direct immunofluorescence microscopy on a skin biopsy specimen, and (3) positive epidermal side staining by Indirect Immunofluorescence microscopy on human salt-split skin (IIF SSS) on a serum sample. It may be self-resolving in a period ranging from numerous months to years even lacking treatment. Deprived general health related to old age is allied with a poorer prognosis. Treatment is focused on reprieve of symptoms and avoidance of infection. Minocycline and Tetracycline antibiotics are very helpful for mild to moderate disease and can be

used with potent topical steroid creams for quick relief. Prednisone and prednisolone are the choice of treatment for rigorous conditions. High dose is desirable firstly, and the blisters have stopped appearing, dose is gradually reduced. Cyclophosphamide and Methotrexate are used along with the oral steroids to allow a lower dose. Rigorous cases are treated in the hospital to let skilled dressing of the wounds and intravenous injections of the effective treatments [5-7].

Conclusion

Bullous pemphigoid is a rare disease and as it has low prevalence in south India. It has a pattern of remissions and flare-ups. Treatment is focused on reprieve of symptoms and avoidance of infection. Potent topical steroid creams for quick relief. Rigorous cases are treated in the hospital to let skilled dressing of the wounds and intravenous injections of the effective treatments.

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