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Research Article

A Case Report on Bullous Pemphigoid

P.CHANDANAPRIYA[1] ,P.MANASA[2*], M.SRINIVASULU[3]
[1,2,3]Santhiram college of pharmacy, Nandyal, Pincode 518501
*Corresponding Author
Email: chandana8142@gmail.com[1], pobbathimanasa@gmail.com[2],
sreenivasulu_munna@yahoo.com[3]
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ABSTRACT

Background: Bullous pemphigoid is a autoimmune skin disease which consists of bullae. It consists of fliud filled blisters which are large in size that develop on areas of skin such as lower abdomen ,upper thighs or armpits .

Case presentation: In this case report patient had developed fluid filled lesions over scalp, trunk, limbs and buttocks which on scratching leading to erosions and healed with milia. The possible study efforts were made to prevent bullae on skin surface by treating the patient with systemic corticosteroids, antibiotics and topical creams.

Conclusion: If BP left untreated it can persist for months or years with periods of spontaneous remissions and disease can be fatal in patients who are debilitated.

keywords : Case report**,** Bullous pemphigoid, Auto immune, Lesions, Milia, Systemiccorticosteroids

INTRODUCTION

The word pemphigoid was introduced by Lever in 1953 that gives the significance of a disease characterized by bullous formation due to sub epidermal detachment to distinguish from pemphigus(1).Jordan and Beutner confirmed that the existence of autoantibodies in patients with bullous pemphigoid with help of direct and indirect immunoflouroscence techniques(2).BP is the rare autoimmune blistering disorder(3) which is more common in old patients between 60-80 years(4) with nearly 150-330 new cases/million/year at this age group(1).BP may primarily exhibit a non bullous phase characterized by eczematous
,excoriate, utricaria or rarely remain only as a clinical manifestation(5).Drug induced BP is also seen in younger individuals due to drugs like furosemide ,NSAIDS, gliptins, amoxicillin, TNF-alpha inhibitors (6).Blister in general contains inflammatory infiltrate with lymphocytes and Eosinophils(7).BP caused by autoantibodies of class IgG, IgE .Here we discuss about a case on bullous pemphigoid.

Case presentation

A 65 years male patient was admitted in dermatology department with chief complaints of fluid filled lesions all over the body and scalp since 15 days ,after 2-3 days lesions or ruptured leading to development of erosions and heals with milia, blisters developed over trunk ,limbs, buttocks ,back after 2-3 days .

A complete history was taken which revealed that the patient had similar complaints in the past 1 month back after use of hair dye over scalp,itching over lesions and these lesions are intense in nature which aggrevates on exposure to sunlight and relieved by cool temperature .Patient is known diabetic since 8 yrs on treatment with insulin 32U-0-17U and hypertensive since 2 yrs on medication with losartan 50 mg OD.

On examination clear, tense bullae of size 0.5xo.5 cm to 2x2cm over trunk buttocks ,upper limbs over an erythematous bone .Crusted erosions of size 2cm over trunk ,scalp, upper limbs, lower limbs,false nikolsky sign positive ,long ridging nails ,nicking in right thumb
.All blood investigations are normal except TWBC ,polymorphs, lymphocytes ,ESR ,RBC serum creatinine are unusually increased based on above parameters the patient was diagnosed with "bullous pemphigoid"

The patient was treated with the following treatment which includes that inj.dexamethasone IV BD, Inj.Cefotaxime IV BD ,tab.Hydroxyzine H/S ,inj.Pheneramine maleate IV H/S ,tab.Bcomplex OD ,Oint.Sodium fusidate BD and other supportive measures.

DISCUSSION

Bullous pemphigoid is the most frequent autoimmune disease which is more widespread in older adults which is characterized by large tense blisters filled with clear fluid but may be hemorraghic arising on erythematous base or on normal skin that in general occur in lower abdomen ,inner or anterior thighs, forearms(8,9).The exact etiology was unknown but some Predisposing genetic factors,viral infections (cytomegalo virus ,HIV,hepatitis),physical agents like radiation therapy,UV light,electrical burns and other environmental conditions have been involved in the induction of BP(10).BP is autoantibody (IgG) mediated blistering skin disease in which basal keratinocytes and mucous membrane lose cell adhesion to the basement membrane,triggering inflammatory response by releasing chemokines and cytokines like IL16 and IL2 with the characteristic blistering lesions(10,11).Due to production of autoantibodies and increased blood glucose levels there increased skin fragility is the mechanism involved(12)

In this case report the individual is treated depending upon the symptoms of the disease mostly systemic corticosteroids are the first choice of dru,antibiotics, antihistamines and topical ointments are used to avoid reocccurance of disease. Dose of corticosteroids should be maintained for a period of treatment to avoid side effects.

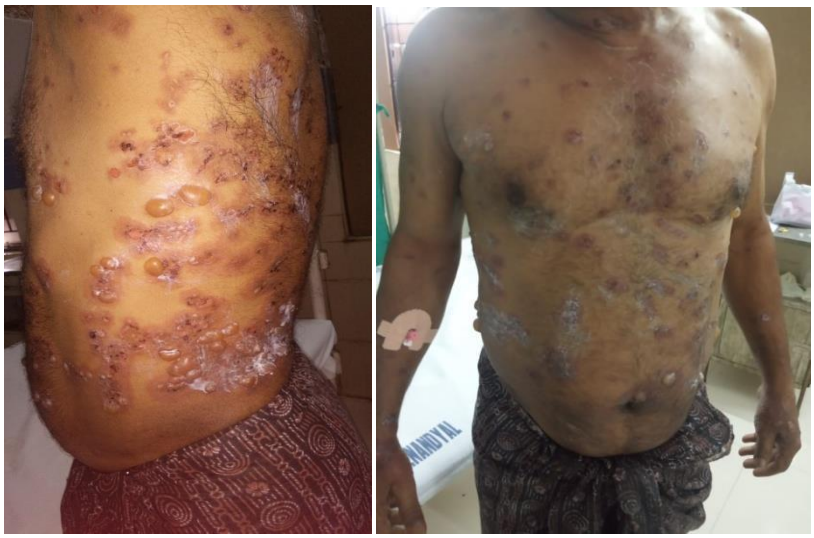

Fig.1: Before treatment

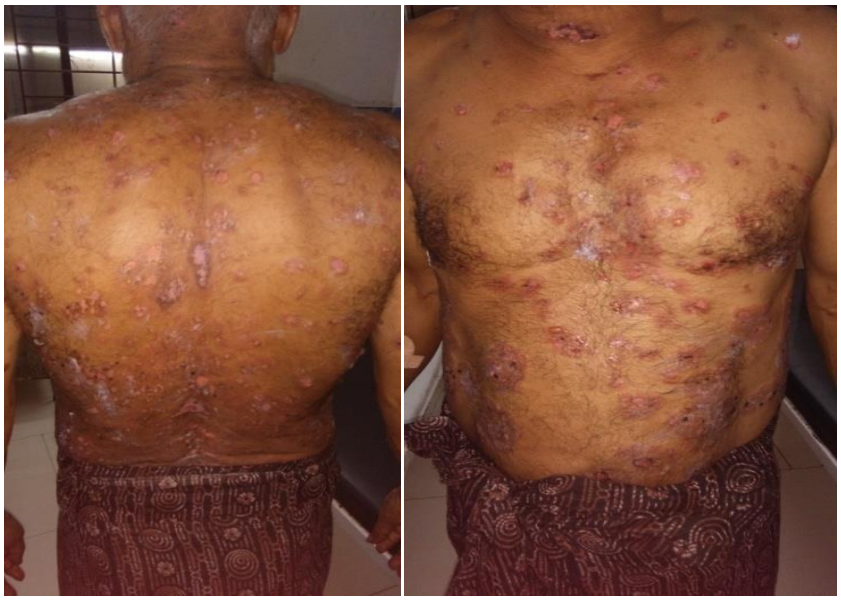

Fig.2: After treatment

CONCLUSION

In this case study bullous pemphigoid is a rare autoimmune life threatening disease which can lead to extent of morbidity and mortality. The patient attained the normal condition by the use of systemic corticosteroids ,antihistamines, antibiotics and topical ointments.Hence it was proved that the treatment is safe and effective in alleviating the clinical manifestations of disease. Councelling to the patients regarding use of drugs ,occurance of disease and maintaining skin hygienic conditions may avoid reoccurance of BP and achieve better clinical outcome in patient.

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List of abbreviations

BP Bullous pemphigoid

Conflict of interest

None

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Consent of publication

Informed consent form was obtained from patient to publish thisjournal

Ehical approval

Ehical approval is not required at our institution for publishing a case report in a medicaljournal.

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