



AUTOIMMUNE BULLOUS DISEASES

A CASE OF NEONATAL LINEAR IGA BULLOUS DERMATOSIS POSSIBLY CAUSED BY IGA TRANSFER IN BREAST MILK

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Background: Human newborns cannot produce immunoglobulins countering microbes to which they are newly exposed; maternal IgG transferred through the placenta and IgA in breast milk play major roles in newborn immune defense. We describe a case of neonatal linear IgA bullous dermatosis (LABD) that may have been caused by IgA in breast milk.

Observation: A healthy male neonate who did not experience any medical episode during delivery developed multiple tense bullae on the neck, buttocks, and hands on day 4 after birth; these then extended to the mouth, perianal area, and feet. He developed acute respiratory distress attributable to excessive exudation of the oral and pharyngeal erosions. Skin biopsy revealed subepidermal blisters with neutrophilic infiltrations. A direct immunofluorescence test revealed linear deposition of IgA along the basement membrane zone (BMZ); we diagnosed LABD. An indirect immunofluorescence split-skin test using 1 M NaCl performed on the patient's serum and his mother's breast milk revealed linear IgA deposits on the dermal side of the BMZ, suggesting that breast milk was the source of the IgA causing LABD. Although the patient required intensive respiratory care, including intubation and tracheotomy, for several months, no new blister formed after breast-milk feeding ceased. No relapse was noted over the following year.

Key message: Our findings suggest that breast milk may transmit an IgA-associated autoimmune disease from the mother to the child. Although breast milk protects neonates well from early infections, it is important to be aware that breast milk may also trigger neonatal autoimmune disease.

