AUTOIMMUNE BULLOUS DISEASES

BULLOUS PEMPHIGOID: A RETROSPECTIVE STUDY IN BASURTO UNIVERSITY HOSPITAL

A Lobato Izagirre [1] - A Arrumbarrena Díaz De Alda [1] - J González Del Tánago Diago [1] - Ja Yagüe Barcia [1] - L Blanch Rius [1] - R Izu Belloso [1]

Basurto University Hospital, Dermatology, Bilbao, Spain [1]

Introduction: Bullous pemphigoid (BP) is the most common autoimmune-mediated subepidermal blistering skin disease.

Objective: To evaluate clinical and epidemiological characteristics of patients with BP in our series and compare them with data in published literature.

Material and methods: We conducted a retrospective study including all newly diagnosed patients with BP in the Basurto University Hospital, Spain, between 2007 and 2017. The diagnostic criteria were clinical features characteristic of BP and positive immunofluorescence in the skin biopsy. Demographic and clinical data and treatment were recorded. Statistical analyses were performed using SPSS program.

Results: In total 92 patients were included in our study. Mean age at presentation was 79,5 years and 50% of the patients were female. Lower limbs (59,8%) and the trunk (57,6%) were the most frequently affected locations. Mucosae involvement was observed in 10% patients. In all patients, histology revealed a subepidermal blister and direct immunofluorescence showed linear deposits of C3 and IgG (52,2%), C3 (25%), IgG (2,2%), and other Ig classes (20,6%) in the basement membrane zone. Corticosteroids (topical and/or systemic) were the treatment used in 96% of cases. 36,3% patients had history of al least one neurologic disease (ND). The most common ND was Alzheimer disease (13,2%), followed by stroke (9,9%) and Parkinson disease (7,7%). 9 (9,7%) patients presented solid malignancy and 7 patients (7,6%) had hematologic malignancy.

Conclusions: Our data coincide with reviewed literature in relation to sex and age of presentation, clinical manifestations, histologic and immunofluorescence findings, and treatment. In our study, a higher percentage of patients presented solid malignancy, whereas literature points to a possible association between hematological malignancy and BP. Our data and literature suggest a possible association between ND and BP.