AUTOIMMUNE BULLOUS DISEASES

BULLOUS PEMPHIGOID MIMICKING DERMATITIS HERPERTIFORMIS ESTABLISHED BY DIRECT IMMUNOFLUORESCENCE AND HISTOPATHOLOGY IN ELDERLY PATIENT:CASE REPORT

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Background: Bullous pemphigoid is an acquired autoimmune skin disease, which can attack elderly patient. Its incidence is increasing gradually and associated with morbidity and mortality. Dermatitis herpertiformis is a cutaneous bullous diseases that can be differentiated using direct immunofluorescence. Classic signs of bullous pemphigoid are linear IgG and depotition of C3, meanwhile for dermatitis herpertiformis there is IgA deposition along the dermoepidermal junction. Clinically both bullous pemphigoid and dermatitis herpertiformis present with tense blisters, but dermatitis herpetiformis is frequently accompanied with pruritus.

Observation: A 70 years old female with chief complaint blisters in all over her body since 1 month ago. At first the blisters appeared small, with pain and itch in the abdomen, back, arms, thighs and both legs occasionally. The blisters then grew bigger, tense blisters were increasing in the arm and both legs. Physical examination revealed multiple tense bullae, erythematous plaque, and erosion. Nikolsky and Asboe Hansen signs were negative. Laboratory tests were within normal limit. Direct Immunoflouresence (DIF) examination revealed linear IgG deposit and C3 in basal membrane zone. DIF is perform on specimen taken from perilesional lesion of the affected skin. Histophatologic examination showed subepidermal bullae and infiltration of neutrophils and eosinophils in superficial dermis, confirming diagnosis of bullous pemphigoid. Treatment was immediately started using methylprednisolone tablet 36mg daily, and dapsone 1x100mg daily. Topical therapies included 0,9% NaCl compressed on erosion , 2% fusidic acid cream smeared twice daily on erosion. Tappering off of the steroid were started after the patient showed clinical improvement, and there were no new lesion.

Key message: Direct Immunofluorescence is an important examination for diagnosing autoimmune bullous diseases, due to resemblance of the clinical appearance among those

diseases.