



AUTOIMMUNE BULLOUS DISEASES

## **DECREASE MORBIDITY PEMPHIGUS PATIENTS WITH AMBLATORY TREATMENT DEXAMETHASONE PULSE THERAPY PLUS ORAL CYCLOPHOSPHAMIDE. 18 YEARS FULOW-UP.**

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Introduction: Pemphigus vulgaris(PV) is a potentially life threatening immunobolous disease. The mainstay of treatment is systemic corticosteroids and immunosuppresants. These therapies have reduced the mortality, however it is associated with significant morbidity. Hospitalization causes increased morbidity.

Objective: During past 15 years, we have treated known cases of PV with the pulse therapy of dexamethasone(DP) at out patients clinic. In this paper we present the efficacy of this treatment and compare it with those who had been hospitalized.

Materials and methods: A group of 30 known cases of PV received 500mg cyclophosphamide and then treated with(DP):100 mg of dexamethasone daily for 3 days, and daily 50 mg cyclophosphamide. This therapy was continued every 15 days till no new lesion appeared. Then they received monthly DP for 6 months. Later DP was discontinued but the patients received 50 mg cyclophosphamide daily for one year more. All of these therapies were done at outpatient clinic. This group were compared with a group of 50 known cases of PV who were treated with the same regimen but had been hospitalized. Response to the therapy, side effects of the drugs, cost and effectiveness of the treatment were compared in the two groups.

Results:This therapy was effective in 80 % of the patients and the efficacy of therapy in outpatients group was the same as hospitalized patients. Side effects of the therapy were lower in outpatients group, and the therapy was more cost effective in this group.

Conclusion:This study showed that ambulatory therapy of PV with DP is an effective regimen with less side effects.

