



AUTOIMMUNE BULLOUS DISEASES

ERYTHRODERMIC PEMPHIGUS FOLIACEUS TREATED WITH RITUXIMAB BIOSIMILAR & AZATHIOPRINE

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Background: Pemphigus Foliaceus (PF) is an autoimmune blistering condition with autoantibodies against desmoglein 1. Progression of PF to erythroderma is unusual, with an occurrence of 6%. This report is of a case of PF, treated with success with a biosimilar of Rituximab and azathioprine after failing other modalities of treatment.

Observations: A 33-year-old male presented with erythrodermic PF. He had started to develop vesicular lesions 6 months back. Histopathology and Immunofluorescence of the vesicular lesions was suggestive of PF. Earlier, he was treated elsewhere with oral methotrexate & oral corticosteroids with no improvement. Whilst he was still on oral steroids, his condition continued to worsen. He was started on 1g of Reditux (biosimilar of rituximab), which was given as slow intravenous infusion with normal saline. Tapering of oral steroids was started and the second dose of Reditux 1g was given after 2 weeks. As there was appearance of new PF lesions, patient was started on 75mg/day of oral azathioprine. At the end of 5 weeks, there were no fresh PF lesions & improvement was seen in his general condition and existing lesions. After 8 weeks of hospitalization, patient was discharged and oral steroids fully withdrawn. Patient was asked to continue oral azathioprine 75mg/day with monthly monitoring of blood counts & liver, renal function tests. There were no fresh lesions till the end of 5th month, thereafter patient developed 2-3 vesicles per week. Patient is still continuing oral azathioprine 75mg/day. He was given 1 g of Reditux in the 6th month as a maintenance dose. His blood counts, LFT & RFT were within the normal range throughout.

Key message:

1. Biosimilar of Rituximab is safe, cost effective and reduces the dose of azathioprine.
2. Reditux and Azathioprine, both act against B cells, and can be given safely with adequate precautions & monitoring.

