AUTOIMMUNE BULLOUS DISEASES

EYE INJURY DURING BLEEDING DERMATOSIS

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Background: Autoimmun bullous dermatosis (IBD) constituting a heterogeneous group of infrequent diseases, of variable prognosis, sometimes pejorative. Ocular involvement is a severe form of pathology that can lead to blindness.

Objective: show the importance of ophtalmological examination in IBD and the interest of early managment.
Materials and methods: This is a prospective study on the dermatology department of the University Hospital of Marrakech in collaboration with the ophthalmology department, for patients followed for autoimmun dermatosis from February 2015 to September 2016. Eye damage was classified according to Foster's classification.

Result: During this period, 96 patients were admitted to dermatology for IBD with an average age of 61 years. Ocular lesions were present in 29 patients: asymptomatic in 77% of cases, bilateral in 81% of cases. These events were focused on three sites: The conjunctiva: of which the most found were chronic conjunctivitis 41%, conjunctivitis cicatricial 7%, dry eye 53%, blepharitis 23%, conjunctival hyperemia 33%, symblepharon 5%, ankyblepharon 3%, Abnormalities of the palpebral architecture: entropion 3%, ectropion in 1%; Corneal involvement: 13% corneal abrasions, 6% microbial keratitis, 1 case of corneal perforation complicated by blindness and 3 cases of corneal neovascularization. Therapeutic management was devided in: a medical component in 42%and a surgical component. The evolution was favorable in 89% of cases, it is partly thanks to the early management of asymptomatic patients.

Discussion: The diagnosis of ocular involvement in IBD is unfortunate in the majority of cases. The main reason for delaying the care is the lack of specificity of the inaugural signs. We studied our screening of the eyepiece especially in asymptomatic patients.

Conclusion: Early diagnosis of ocular involvement during bullous dermatosis is crucial. An early therapeutic managment, prevent nonreversible palpebral abnormalities and thus limit

their secondary corneal complications.