



AUTOIMMUNE BULLOUS DISEASES

LARYNGEAL MUCOUS PEMPHIGOID MAY BE TRIGGERED BY RADIOTHERAPY? A CASE REPORT

Michela Di Pietro⁽¹⁾ - Marta Barzacchi⁽¹⁾ - Maria Benedetta Ninu⁽²⁾ - Giovanni Maria Palleschi⁽¹⁾

University Of Florence, Department Of Surgery And Translational Medicine, Section Of Dermatology, Florence, Italy⁽¹⁾ - University Hospital Careggi, Otolaryngology Unit, Florence, Italy⁽²⁾

Background: Mucous membrane pemphigoid (MMP) is a chronic autoimmune disease characterized by sub-epithelial blistering. MMP incidence is 1-2 case per million/year. In most of cases MMP affects the oral and ocular mucosae, larynx localization is observed in just 12.2%. Skin involvement is present in 25-35% of cases, with a generalized bullous eruption or a localized erythematous plaque. MMP is a progressive disorder that may result in severe complications due to scar formations.

Observation: A 74-year-old man was sent to our dermatologic clinic by the otolaryngologists because of a histological diagnosis of larynx pemphigoid. The patient complained hoarseness, odynophagia and dysphagia and was in follow-up for a larynx carcinoma, treated six years before with radiotherapy (RT) and chemotherapy. Multiple areas of erosions and pseudo-membranes were noted at laryngoscopy. Just one erythematous-crusty lesion of the scalp was found at cutaneous examination. Histological evaluation, direct immunofluorescence (DIF), indirect immunofluorescence (IFI) and ELISA were performed. All the results confirmed the diagnosis of MMP rather than bullous pemphigoid (BP), because of the low title of antibodies anti-BP180 (23.3 U/ml, n.v. < 9 U/ml), along with anti-BP230 negativity. The patient was promptly treated with systemic corticosteroids, with resolution of signs and symptoms and no scarring evolution.

Since MMP of the only larynx is a very rare event, we suggest this could be explained by the previous RT our patient had done. RT induces changes in the epithelium exposing its antigens and may cause the autoimmune reaction of BP. Indeed RT is considered a trigger for localized BP and this might be possible also for MMP.

Key message: In case of larynx dysfunction and lesions, MMP has to be regarded as a possible differential diagnosis, especially if there is a history of triggering factors. This could be extended also to other mucous sites, but studies are needed.

