AUTOIMMUNE BULLOUS DISEASES

LICHEN PLANUS PEMPHIGOIDES

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Background: Lichen planus pemphigoides-LPB is a rare autoimmune subepidermal blistering disease, it is a rare clinical variant of bullous pemphigoid (BP). Histopathology examination from the papules (vesicules) demonstrated lichen planus and bullous PB, respectively. Direct immunofluorescence demonstrated linear IgG and C3 deposition on the basement membrane zone.

Observation: A 59-year-old female patient presented in our hospital with a 2-mounth history of multiple pruritic plaques with tense bullae und vesicles on erythematous skin on the trunk and extremities. After one week, there is an appearance of acute eruption flat-topped, violaceous, shiny and polygonal papules on the extremites and on the dorsum of the hand and foot. Milky-white reticulated lesions were seen on the buccal mucosa. The first skin biopsy showed subepidermal blisters with eozinophils. The second skin biopsy showed irregular acanthosis, hyperkeratosis and focal hypergranulosis the epidermis and the inflammatory infiltrate is chiefly lymphocytic and fibrosis in the derm. Direct immunofluorescence demonstrated linear IgG and C3 deposition on the basement membrane zone. Enzyme-linked immunosorbent assay detected anti-BP180 antibodies. Tumor markers are within normal limits. The patient was treated with systemic corticosteroid (0.5 mg/kg), methotrexate (15 mg/week) and topical glucocorticoids. After 1 month treatment with combined therapy all lesions have regressed with residual post-inflammatory hyperpigmentation.

Key message: The diagnosis of lichn planus pemphigoides is made by characteristic clinical, histopathological and immunopathological features. Clinical remission was achieved with systemic corticosteroid and immunosuppressive drugs without any side effects and without recurrence of new lesions.