



AUTOIMMUNE BULLOUS DISEASES

LICHEN PLANUS PEMPHIGOIDES...A DISTINCT VARIANT WITHIN THE LICHEN PLANUS SPECTRUM

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Background: lichen planus pemphigoides is a rare blistering disease. It is characterized by the presence of blisters in patients with lichen planus. These may develop on lichenoid lesions or normal skin. The histopathology shows a subepidermal blister, and direct immunofluorescence exhibits linear deposits of IgG and/or C3 along the basement membrane zone.

Observation: We present two cases of lichen planus pemphigoides. They were both women, one was 50 and the other 54 years old. The former presented a history of hypertension and was under therapy with enalapril. She exhibited a generalized dermatosis characterized by violaceous annular plaques with an atrophic brownish center that were located on her trunk and four limbs. Erosions and tense blisters were evidenced on some these lesions and on normal skin. The other patient presented multiple erythematous violaceous papules and plaques on the dorsal aspect of both hands and similar isolated lesions on both legs. She also presented some tense blisters on normal skin of her legs.

Under the suspicion of a lichen planus pemphigoides biopsies were performed in both patients. Histopathological examination of the skin biopsy from a plaque and a papule evidenced hyperkeratosis, hypergranulosis, acanthosis and vacuolar degeneration in the basal layer of the epidermis and a band-like infiltration of lymphocytes in the upper dermis, which was compatible with lichen planus. Additionally, the biopsy of the blisters revealed a subepidermal blister with a neutrophil and eosinophil infiltrate. Direct immunofluorescence of adjacent normal skin exhibited a linear C3 deposit along the basement membrane zone, while in the other patient IgG deposits were found. Given this findings we confirmed a lichen planus pemphigoides. Hence both patients received systemic corticosteroid therapy with complete resolution.

Key message: consider lichen planus pemphigoides in the coexistence of lichenoid lesions with blisters and a positive direct immunofluorescence.

