AUTOIMMUNE BULLOUS DISEASES

LINEAR IGA BULLOUS DERMATOSIS ON A 19-YEAR OLD MALE TREATED WITH COLCHICINE AND PREDNISONE WITH POSSIBLE IGA NEPHROPATHY: A CASE REPORT

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Background: Linear IgA bullous dermatosis (LABD) is a rare, idiopathic or drug-induced autoimmune disease characterized by homogenous linear deposits of IgA at BMZ, occurring after puberty. Histopathologiclinically, it may be difficult to diagnose from other subepidermal diseases, thus Direct immununofluorescence (DIF) is the gold standard. Dapsone is the first-line treatment. Poor prognostic factors include: <70 years old and with oral mucosal involvement.

Observation: A 19 year old male presented with water filled rashes on the lower extremities which became generalized including the oral mucosa. Patient's past medical and drug history was unremarkable. On cutaneous examination, patient presented with generalized tense blisters, ulcers on oral mucosa, (-) Asboe and Nikolsky sign. Patient was initially treated with Clobetasol ointment and Doxycycline. CBC, SGPT, SGOT, BUN, Creatinine, Chest xray, FBS, Lipid profile, Urinalysis, ANA, Anti-collagen type VII, Anti dsDNA was requested which showed normal results. Punch biopsy and DIF was done showing a diagnosis consistent with LABD. G6PD test was requested which showed deficiency thus Dapsone couldn't be administered. Colchicine was started in adjunct to Prednisone. 2 months thereafter, there was decrease in new lesions. Repeat Urinalysis showed Albuminuria. Although asymptomatic, patient was referred to Nephrology service with an initial impression of IgA nephropathy wherein KUBP ultrasound, Urinalysis, BUN, Creatinine, Na, K, Chl, Ca, Mg, Phos, Albumin, CBC was requested which showed normal results except for Albuminuria.

Key Message: LABD is a rare autoimmune disease with chronic and unpredictable course. Currently, there is a lack of previous reports of association of LABD due to the asymptomatic nature of IgA Nephropathy. Laboratories as simple as Urinalysis must be monitored regularly.