AUTOIMMUNE BULLOUS DISEASES

LOCALIZED BULLOUS PEMPHIGOID AFTER CARDIAC PACEMAKER IMPLANTATION

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Background: Bullous pemphigoid is the most common autoimmune subepidermal blistering disease. Typical presentation is generalized pruritic bullous eruption affecting older adults. Triggers include drugs, trauma and burns. Localized bullous pemphigoid arising after surgical interventions is rarely reported in literature.

Observation: 77-year-old man presented to our clinic with localized pruritic cutaneous eruption on the chest. His past medical history was significant for type 2 diabetes mellitus and ischemic heart disease. He did not report starting on any new medications. However, he had undergone a pacemaker operation 2 months earlier. Dermatologic examination revealed tense bullae and erosions on an erythematous base affecting only left upper chest. Mucosae were normal. Differential diagnoses included bullous impetigo, contact dermatitis, bullous lichen planus, pemphigus vulgaris, erythema multiforme, fixed drug eruption and viral causes, such as herpes simplex and varicella zoster. Histopathologic examination revealed subepidermal bulla and direct immunofluorence studies showed linear accumulation of IgG and C3 at the epidermal basal membrane. These findings were consistent with bullous pemphigoid. Clobetasole cream was applied twice daily. Patient responded rapidly to treatment. No relapses were observed in the one-year follow-up period.

Key message: Bullous pemphigoid must be considered in the differential diagnosis of blistering lesions arising on surgical wounds. Histopathology and immunofluorescence findings help confirm the diagnosis.