



AUTOIMMUNE BULLOUS DISEASES

OPPORTUNISTIC BACTERIAL INFECTIONS IN PEMPHIGUS: CROSS PROSPECTIVE STUDY

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Background: Pemphigus is a rare and potentially lethal autoimmune bullous dermatosis. The treatment of choice is oral corticosteroids and immunosuppressive therapy. These long-acting medications are predisposing to infections in this group of patients.

Objective : Estimating the prevalence of opportunistic bacterial infections (OBI) in pemphigus patients under different protocols of treatment.

Materials and methods: We did a prospective study of 150 patients with pemphigus, in the dermatology department of Hassan II university of Fez during a period of 10 years (from 2008 to 2018). The diagnosis of pemphigus was based on clinical, histological and immunological criteria. IFI has been performed in most patients. Data were entered on Excel and analyzed by using the statistical software package SPSS 17.0.

Results: Patients had a positive skin sample were 40, 82% of which were secondary to staphylococcal infection. 50% had a Staphylococcus aureus while 33% had a Methresistant Staphylococcus (MRSA), other infections include other Pseudomonas aeruginosa-like organisms, Serratia Marcenscens, Enterobacter Cloacae and E coli in 17% of cases. These infections were mostly seen in patients under Rituximab and azathioprine. All patients with MRSA superinfection required Vancomycin and Rovamycin antibiotic therapy, while those with sensitive Staphylococcus aureus were treated with amoxicillin-clavulanic acid and ciprofloxacin with good clinical improvement.

30 patients had urinary tract infection with E. coli positive to different germs, dominated by E. coli in 60% of cases, and Klebsiella and Enterobacter in 40% of cases. Most were sensitive to Ciprofloxacin. Cutaneous-urinary co-infection was present in 15 patients, whereas cutaneous bacterial and herpes co-infection was found in 6 patients.

Conclusions: This study highlights the frequency of opportunistic bacterial infections during pemphigus, which may be life-threatening in certain cases, hence the need for good asepsis in care with great caution when initiating immunosuppressive treatments.

