



AUTOIMMUNE BULLOUS DISEASES

OSTEOPOROSIS IN AUTOIMMUNE BLISTERING SKIN DISEASE: A COMPREHENSIVE REVIEW OF THE LITERATURE

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Autoimmune blistering skin diseases (AIBD) are a group of suprabasal and subepidermal blistering diseases characterised by blisters and erosions of the skin and mucosal surfaces. The most common subtypes are pemphigus vulgaris (PV) and bullous pemphigoid (BP). The mainstay of therapy for AIBD is systemic corticosteroids (SC) along with other systemic immunosuppressive agents. Although long term SC usage is regarded as the primary contributing factor to the increased risk of osteoporosis in this patient population, factors such as immobility and a chronic inflammatory state have also been implicated. Despite the well-established correlation between AIBD and osteoporosis, the risk in the absence of SCs has not been well-established and there has been no consensus on screening and prophylaxis of osteoporosis in AIBD.

To systemically examine the current literature on the association between osteoporosis/osteopenia and AIBD.

A comprehensive literature search was done using 6 online databases with search terms relevant to AIBD and osteoporosis/osteopenia. An abstract and/or full article screen was performed on 314 articles.

Twenty-one peer-reviewed articles on osteoporosis in AIBD patients were identified. Eight articles examined the association between osteoporosis and pemphigus in patients receiving SC therapy. Only two articles examined the association between osteoporosis and AIBD patients receiving no SC therapy. No articles exclusively examined the association between pemphigoid and osteoporosis. Three articles examined the effectiveness of osteoporosis prophylaxis medications in AIBD patients. Seven papers examined the levels of vitamin D in AIBD patients.

There are several reports examining osteoporosis in pemphigus in the context of SC therapy, with consistent findings. However, there is scarce literature examining the risk of osteoporosis in pemphigoid, or in AIBD in the absence of SC therapy. The screening and prophylaxis for osteoporosis in AIBD is currently suboptimal. More studies are required in this area to establish recommended guidelines.

