AUTOIMMUNE BULLOUS DISEASES

PEMPHIGOID GESTATIONIS... OUR EXPERIENCE.

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Background: Pemphigoid gestationis (PG) is an autoimmune bullous disease that occurs during pregnancy. It usually begins during the second or third trimester of pregnancy and may be associated with preterm births and low weight for gestational-age babies. The initial lesions are typically urticarial plaques or papules localized on the periumbilical region that spread rapidly and form tense blisters that can involve all body surface. Diagnosis in based in the combination of clinical findings and skin biopsy for histopathology and direct immunofluorescence. Treatment in most of the cases require systemic corticosteroids, such us prednisone, wich is usualy effective. Due to a passive transfer of antibodies from the mother to the fetus, about 10% of newborns may develop mild skin lesions which resolve spontaneously within days to weeks.

Observation: We present 4 cases of PG. Three cases started during second or third trimester of pregnancy and one in immediate postpartum. They all present similar lesions with typical pruriginous urticarial plaques with progression to blisters. Biopsies were performed in all patients. Histopathology exhibited a superficial lymphocytic and eosinophilic infiltrate associated with a subepidermal vesicle or an urticarial pattern which were all compatible with PG. Direct immunofluorescence evidenced the linear deposit of both IgG and C3 in three of the patients. Therapy with oral prednisone 40 mg daily, associated with antihistamines for pruritus control, was effective in all patients. There were no cases of preterm births or low weight for gestational-age babies. Only one male newborn presented tense bullae on his trunk at birth, which resolved within 72 hours, without any treatment or complications.

Key message: Consider the diagnosis of PG in pregnant women who present bullae during the second half of pregnancy.