



AUTOIMMUNE BULLOUS DISEASES

PEMPHIGUS VULGARIS AND GEMELARY PREGNANCY

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Background: Pemphigus vulgaris is an intraepidermic autoimmune bullous dermatosis characterized by cutaneous and mucosal lesions consisting of flaccid bullae and erosions. The affection is based on pathological acantholysis (damage to interkeratinocyte cohesion). This disease can endanger the lives of patients, and its treatment is a challenge for the doctor. The pemphigus vulgaris during pregnancy is extremely rare. Disease may occur for the first time during pregnancy or as an episode of aggravation during the pregnancy. Early diagnosis is required and therapy should be individually tailored to avoid any risk to the mother or child.

Observation: We present the case of a 32-year-old woman diagnosed with pemphigus vulgaris two years ago. The patient, currently with the twin pregnancy (W10), was admitted to the hospital for the appearance of a polymorphic eruption consisting of mucosal and cutaneous erosions with flaccid bullae. Treatment with corticosteroids was instituted after discussions with the patient about possible adverse effects to the fetus. After 4 months, due to the ineffective response to systemic corticotherapy, it was necessary to add Azathioprine to systemic therapy. Active pemphigus vulgaris presents potential threats of fetal spread and transient lesion production, which is associated with increased mortality and morbidity in the fetus. Our patient had active pemphigus vulgaris and required treatment throughout her pregnancy. The pregnancy progressed to premature delivery of the neonates without skin lesions or apparent complications.

Key message: The prognosis of complicated pregnancies of pemphigus is generally good, but obtaining favorable results probably depends on collaborative efforts between dermatologist and obstetrician. Although the indications of immunosuppressive medication are controversial in pregnancy, in our case the association between corticosteroids and azathioprine was a therapeutic success.

