AUTOIMMUNE BULLOUS DISEASES

POMPHOLYX BULLOUS IN A 45-YEAR-OLD PATIENT WITH BONE MARROW TRANSPLANT

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Background: Dyshidrotic eczema is a type of dermatitis where pruritic vesicular lesions are located on palms, soles and fingers. Exogenous factors such as metal ions, fungal or bacterial infections, and immunosuppression can be considered triggers of dyshidrotic eczema.
Bullous pompholyx is a rare type of dyshidrotic eczema where lesions are bullous instead of vesicular.

Observations: A 45-year-old white male patient was referred to our department with intensely pruritic papules and vesicles, on the lateral and medial sides of the fingers, palms and soles.
Clinical background revealed NHL diagnosed in December 2017. His history was negative for smoking, alcohol intake and other diseases. Six months after the NHL diagnosis, an autologous bone marrow transplant was performed. The posttransplant evolution was initially good, with a blood count within normal ranges, until August 2018 when he developed leukopenia.
Two weeks after the development of leukopenia, he presented in the Dermatology Unit for the lesions described above. He was diagnosed with pompholyx and was started on topical clobetasol propionate twice daily. Two days later, he developed painful serosanguinolent vesiculo-bullous lesions on both soles, on an erythematous background, leading to movement impairment. The patient was started on 32 mg of methylprednisolone per day (0.4 mg per kg) for 7 days, tapering the daily dose with 4 mg each 7 days. The systemic treatment was associated with a Oxytetracycline and Hydrocortisone spray, with resolution of the large bulaes. On 7 day follow-up, the patient's lesions had regressed, bulaes dried and the itching and pain had resolved. The evolution of the patient was excellent on 1 month follow-up.

Key message: Post-transplant patients are predisposed to a large variety of cutaneous diseases, due to immunosuppressive treatment and stress. Thus, sometimes they can develop severe forms of cutaneous diseases, which can require systemic treatment and long time follow-up.