AUTOIMMUNE BULLOUS DISEASES

SPONGIFORM PEMPHIGOID – A PITFALL IN THE PATHOLOGICAL DIAGNOSIS

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Background: Bullous pemphigoid is a common immunobullous disorder characterized by eosinophil-rich subepidermal separation histologically. We encountered a rare pathological presentation of prominent spongiosis without subepidermal clefting, which were not reported before. In this study, we would like to describe the clinical and pathological features of this distinct variant.

Observation: We searched the cases fulfilled the criteria of prominent spongiosis with microvesicle formation, confirmed direct immunofluorescence study, and absence of subepidermal separation through the Dermatopathology Database in Mackay Memorial Hospital from July 2002 to June 2018. Urticarial phase of pemphigoid with mild spongiosis were excluded. Cases of histologically confirmed dyshidrotic dermatitis (pompholyx) in the same period were also collected for comparison. The clinical information was recorded, including the age, gender, onset and duration, clinical impression, presence of co-morbidity, treatments, and prognosis. The pathological features of all cases were reviewed and compared. A total of eight patients within 412 bullous pemphigoid cases in the study period fulfilled the diagnosis of spongiform pemphigoid. The mean age of these patients was 78 (67-92) with equal number of gender. The biopsy sites were acral area in six patients and forearm in two patients. Eleven patients were enrolled for comparison. A Pearson chi square analysis was performed to the histopathologic features. The presence of eosinophil exocytosis into the epidermis (P=0.005) and eosinophil microabscess in the dermal papilla (P = 0.001) were found to be statistically significant contributors to the histologic concordance of pemphigoid rather than dyshidrotic dermatitis.

Key message: The presence of spongiosis without subepidermal separation did not exclude the possibility of bullous pemphigoid. When presented with a spongiform pattern histopathologically, the presence of eosinophil microabscess and exocytosis has a higher correlation with a diagnosis of spongiform pemphigoid. Immunofluoresence studies should be used to confirm the diagnosis.