DERMATOPATHOLOGY

BULLOUS PEMPHIGOID AS A FURTHER ASSOCIATION IN EXTENSIVE CASES OF GROVER DISEASE: A CASE SERIES

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Backgroung: Grover disease (GD) is an acantholytic disorder that typically occurs on the trunk of old individuals. GD is commonly associated with malignancy (61%), chemotherapy (38%) and transplant (20%). An association between GD and bullous pemphigoid (BP) has never been reported. We report two cases of GD associated with BP.

Observations: A 62-years-old male patient presented with a two years history of itching papulo-keratotic lesions on the chest, reporting a worsening of the symptoms during summer. A first biopsy showed hyper-orthokeratosis, slight papillomatosis and bulbous elongation of the rete ridges and a superficial perivascular lymphocytic infiltrate. A diagnosis of GD was made. After 3 months, the patient developed blisters on the limbs: at histopathological examination the lesions showed spongiosis, eosinophilia, and dermo-epidermal blistering. BP180 autoantibodies have been detected by ELISA, while direct immunofluorescence (DIF) showed linear IgG and C3 deposits along the dermo-epidermal junction (DEJ). A diagnosis of GD associated with BP was made.
A 60-year-old male presented to our clinic referring the onset of 4 months before, during summer, of asymptomatic, erythematous and keratotic papules on the chest, intermingled with vesicular lesions. The biopsy showed eosinophilic spongiosis, resulting in intraepidermal vesicles associated with acantholysis and dyskeratotic keratinocytes. ELISA detected a positivity to BP180 circulating antibodies, and DIF showed a linear deposit of C3 and IgG at the DEJ. A diagnosis of GD associated with BP was made.

Key message: Our observations expand the spectrum of systemic diseases associated with GD. While our first case could be merely coincidental, in the second one the presence of the initial lesion may suggest the role of GD as trigger for BP development. We hypothesize a trauma-induced process rather than a true Koebner phenomenon. Our cases highlight that

extensive or atypically distributed lesions in GD should rise the suspicion of an underlying associated disease.