AUTOIMMUNE BULLOUS DISEASES

CLINICAL AND HISTOLOGICAL FEATURES OF DIPEPTIDYL PEPTIDASE-4 INHIBITOR RELATED BULLOUS PEMPHIGOID

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Bullous pemphigoid is an autoimmune blistering disease of elderly patients that shows increasing incidence in the last decades.

Higher prevalence of BP may be according to the higher number of provoking agents, such as antidiabetic dipeptidyl peptidase 4 inhibitor (DPP-4). 127 patients with BP were enrolled in our retrospective study (79 female, 62.2% and 48 male, 37.7 %), 14 patients were treated with DPP-4 inhibitor (DPP4i-BP) at the time of the diagnosis of BP (9 female, 64.2% and 5 male, 35.7%).
Evaluated the BPDAI values, we did not found any significant differences between the DPP4-i and nonDPP4i groups in BPDAI erosions/blisters, but BPDAI urticarial/erythema was significantly lower (p=0.012) and BPDAI damage was significantly higher (p=0.027) in DPP4i-BP patients compared to nonDPP4 group. Oral mucosal involvement was present in 13/46 (28.2%). The mean absolute eosinophil number in DPP4i-BP patients (n=99) was significantly lower than in nonDPP4i cases (n=14) (322.9±0.201 vs. 906.4±1.185 cells/μL; p<0.0001). The mean perilesional eosinophil number in DPP-4 patients (n=13) was significantly lower vs nonDPP-4 cases (n=34) (6.75±1.72 vs 19.09±3.1; p=0.0012).

Based on our results, DPP-4 inhibitor-related BP tends to be presented with noninflammatory phenotype of BP, with less distributed skin symptoms, mild erythema, decreased eosinophilic infiltration in the periblister area and normal or slightly elevated peripherial eosinophil count.