



AUTOIMMUNE BULLOUS DISEASES

## LOW DOSE RITUXIMAB IN PEMPHIGUS – STUDY OF 19 PATIENTS

*Shrichand Parasramani<sup>(1)</sup>*

*Lilavati Hospital, Dermatology, Mumbai, India<sup>(1)</sup>*

**Introduction:** Immunosuppressant's and or oral steroids have been the main stay of medications in pemphigus. Biologics have shown a promising role in such cases.

**Objective:** The primary objective was to assess the efficacy and adverse effects of rituximab in pemphigus. The secondary objective was to measure the remission period without the use of concomitant steroids.

**Material and methods:** 19 pemphigus patients (pemphigus vulgaris: 17, pemphigus foliaceus: 2) received rituximab infusion 500 mg in 500 ml normal saline slow IV over 6 hours on day 1 and day 15, thereafter once in 6 months, (Two patients were given infusions once in three months). Oral prednisolone was administered in dosages up to 0.5 mg/kg of body weight and tapered over the next 3–4 months according to the disease activity. Four patient's received immunosuppressants in addition to rituximab and low dose prednisolone. Anti-desmoglein test was done in all the patients. Skin biopsy and direct IF study were done whenever there was a doubt in diagnosis.

**Results:** Complete remission (CR) was observed in 13 patients (68%), Partial remission (PR) was seen in 2 patients (11%) and No remission (NR) was seen in 4 patients (21%). Seven patients are not on any treatment ranging from 2.5 yrs to 1 year.

To date no exacerbation of disease has been seen. No serious complications were noted to date.

**Limitations:** A small sample size.

**Conclusion:** Rituximab is an effective agent in the treatment of pemphigus. The use of rituximab enabled use of a lower initial dose of oral prednisolone in pemphigus and hence reduced its total cumulative dose. Side effects were manageable. Low dose rituximab has enabled us to cut the cost of therapy in a developing country of ours.

**Conflict of interest:** No conflict of interest.

