A CASE REPORT ON PEMPHIGUS VULGARIS

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ABSTRACT

Pemphigus vulgaris is a chronic autoimmune disease characterized by the formation of pain full blistering on the skin and mucous membrane. Pemphigus vulgaris is caused due to the IgG autoantibodies released by our immune system and acts against the Desmoglian proteins and cause the blisters and erosions on the skin and mucous membrane. In this case the possible study effects were made to present the skin lesions to the patient on the scalp, neck, upper extremities, face etc, is mainly diagnosed by the clinical features and immunological tests in the case. In this case the patient treated with systemic corticosteroid therapy and immunosuppressive agents are given.

KEYWORDS: Pemphigus Vulgaris, Desmoglaining proteins, Autoimmune disease, Blisters, Erosions.

INTRODUCTION

Pemphigus vulgaris is the most common type of group of autoimmune disorders called Pemphigus’ to the immune system mistakenly makes antibodies against the proteins in healthy skin and the mucous membrane results for autoantibodies are produced against the desmoglian proteins (DSg3, DSg1) which are adhesive proteins responsible for holding of epithelial cells together.\(^1\) This life threatening disease normally affects 1-5 patients per million populations in an year. The more incidence of this PV occurs between 4\(^{th}\) and 6\(^{th}\) decades of life and ratio of males and females is noted as 1:2.\(^2\) Normally the blisters on skin occurs when desmoglian 1 is get affect because the Dsg1 is present on the skin and the Dsg3 is in the oral cavity, this IgG antibodies against the desmoglian adhesive proteins and leads to the formation of bullae.\(^3\) The diagnosis of PV is based upon clinical features, histology and immunological test.\(^4\) These PV in some cases may also be caused due to the specific drugs. But in the present case the patient got lesions and blisters due to autoimmune disease...
condition. We report that the patient with PV was treated with systemic corticosteroids and immunosuppressive agents and some topical creams for healing the lesions on all over the body.

CASE REPORT
A 45 years female patient was reported to the Dermatology ward present with chief complaints fluid filled lesions over face, hands, scalp, abdomen and slight erosions in the mouth since 7 days. Patient was apparently normal 7 days back at first, she developed fluid filled lesions with burning sensation and that got ruptured to form crusts. The lesions first appear over chest, neck, hands, scalp. The patient had similar complaints in the past 5 years ago, then the patient was on both topical and systemic medication (corticosteroids) and immunosuppressants.

At present the patient was diagnosed as PV mainly by the clinical features. The fluid filled lesions that ruptured to form crust plaque over face, abdomen, neck, scalp, mouth ranging from 1 into 1 cm to 3 into 3 cm with erosions and also presented with Nikolskys skin. And on scalp the crusted plaque of area ranging from 0.5 to 2 cm and nails are appears as dry pitted nails. This patient treatment was started with systemic corticosteroid therapy and oral immunosuppressants and supportive systemic care with some topical creams for 2 to 3 weeks for suppression and for complete healing 6 to 8 weeks of treatment is necessary.
DISCUSSION

Pemphigus vulgaris is a group of potentially life-threatening autoimmune disease characterized by cutaneous or mucosal blistering. It is the disease which is caused due to the autoantibodies released by the immune system. The lesions in the pemphigus mainly occurs in the oral cavity, they may also be found in the areas like cheek, mucosa, tongue, palate and lowerlip. The ulcerations causes in the PV may also affects other mucosal membranes like conjunctiva, nasal mucosa, pharyx, laryx, esophagus and genital mucosa and mainly occurs at skin where intact blisters are commonly seen. The salivation has increased and problems with swallowing and chewing are major complaints.

The etiology of the PV is still unknown. The pemphigus vulgaris group of diseases are characterized by the raising of the immune system and leads to the production of the autoantibodies, therefore known as autoimmunediseases. In PV the autoantibodies are produced against the desmoglian proteins. Where the autoantibodies in the Pemphigus foliaceus affect the cutaneous cell’s only. By this the holding of cells cells takes place and cell adhesion function get loses and leads to the formation of the lesions/blisters. No inflammation develops the site of lesions/bullae. When the epithelial wall gets ruptured then turns to pain fullesions. Mainly in this case the patient is treated with systemic corticosteroid therapy the Dexamethasone and immunosuppressants cyclophosphamide and supportive topical cream the fucibet cream is given. In the treatment protocol the initial phase for PV involves the high dose corticosteroids and adjunctive immunosuppressive drugs. The treatment has given daily as a single dose for 2 to 3 weeks and for complete healing 6 to 8 weeks of treatment is necessary.
CONCLUSION
The Pemphigus vulgaris is the rare autoimmune disease which leads to the formation of the lesions on the skin and mucosal membrane. It is a life-threatening disease if it is untreated. The systemic corticosteroid therapy and the immunosuppressive agents make the patient recover from pemphigus vulgaris. It is a recurrent disease if it is not completely healed or treated.

REFERENCES