JUVENILE BULLOUS PEMPHIGOID–A CASE REPORT

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Bullous pemphigoid was first described by Lever in 1953. It is a chronic generalised bullous eruption, usually not fatal, occurring predominantly in elderly adults. The present case of juvenile bullous pemphigoid was the first of its kind we saw in last ten years.

CASE REPORT

A male child aged 5 years was admitted to our hospital for recurrent non–itchy bullous lesions all over the body, of one and a half years duration. Appearance of lesions had no particular relation to the season. There was no family history of similar skin disorders.

On examination multiple tense bullae were present involving flexor surfaces of arms and legs; trunk and scalp (Fig. 1). Lesions were seen over the healthy skin. Nikolsky's sign was absent. The healed lesions showed no residual scarring.

On investigation, his total leukocyte count was 8400/cu. m.m. with P–70%, L–25%, E–4%, M–1%. Urine showed traces of albumin. Bullous fluid examination did not reveal acantholytic cells and it was sterile on culture.

Histology: Biopsy from the fresh lesions showed a large subepidermal bulla which showed fibrin network (Fig. 2). Epidermis showed slight intercellular oedema. Dermis showed mild infiltration with chronic non–specific inflammatory cells. There was no evidence of acantholysis. Elastic tissue stain showed normal elastic tissue in the dermis.

Treatment: Patient when admitted was taking oral corticosteroids. This was stopped and suphones were tried but lesions aggravated hence corticosteroid was readminstered orally along with parentral A.C.T.H. Patient showed remarkable improvement.

COMMENTS

Clinically pemphigoid often resembles pemphigus vulgaris, erythema multiforme or dermatitis herpetiformis. Histologically however absence of acantholyticells, subepidermal bulla excludes true pemphigus vulgaris. Erythema multiforme is characterised by its typical iris like lesions which are of short duration. Further vasculitis is quite prominent on histological examination.

Dermatitis herpetiformis can be differentiated by the long course, the occurrence in middle life, the grouping of the pleomorphic, symmetrical lesions on the extensor

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surface of the limbs and response to a therapeutic trial of sulphones, which are largely ineffective in pemphigoid.

Clinically and histologically the present case was of bullous pemphigoid. Occurrence of bullous pemphigoid in the child age though described is quite rare.

SUMMARY

A case of juvenile bullous pemphigoid is described and its diagnostic criteria are discussed.

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REFERENCES

1. Lever, W. F. Pemphigus and pemphigoid p. 85, Charles C. Thomas. Illinois, Florida U. S. A., 1965.