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CASE REPORTS

JUVENILE PERSISTENT ACANTHOYLYTIC DERMATOSIS

R S Misra, Uma Saxena and Ashok Mukherjee

An 8-year-old boy had recurrent episodes of erythematous papulo-vesicular eruptions on the trunk and extremities persisting for the last 4 years. Repeated biopsies revealed spongiotic acantholysis and pemphigus vulgaris in two separate biopsies. Direct immunofluorescence for fixed antibodies and indirect immunofluorescence for circulating antibodies were negative for IgG, IgA, IgM and C_3. This condition is described in patients past 40 years of age. Ours is perhaps the first child patient with this condition.

Key words : Persistent acantholytic dermatosis.

Transient acantholytic dermatosis (TAD) was first described by Grover[1] and later by others[2,3] as a self-limiting acantholytic disorder of unknown aetiology predominantly found in men over 40 years. We saw a similar condition clinically and histopathologically persisting for the last 4 years in an 8-year-old child.

Case Report

An 8-year-old boy with dark skin and no signs of actinic damage had for the last $3\frac{1}{2}$ years, recurrent, itchy, papulo-vesicular eruptions which started on the upper back and gradually spread to the entire trunk and extremities. At places the lesions enlarged to become bullae. Most of the lesions were confluent on an erythematous base (Fig. 1), while at places on the extremities these were annular with concentrically placed vesicles. The lesions were not aggravated by sun exposure or by exercise. There was no history of atopy or psoriasis. Under our care for 6 months he had four recurrences with spontaneous remissions lasting 2-3 weeks. Mucous membranes, hair, nails and teeth were not involved.

From the Department of Dermatology and Leprology and Institute of Pathology (ICMR), Safdarjang Hospital, New Delhi-110 029, India.

Address correspondence to : Dr. R. S. Misra.

Fig. 1. Confluent vesiculo-bullous lesions.

Complete hemogram, urinalysis, blood sugar, blood urea, liver function tests and serum electrolytes were normal. Chest X-ray was normal and Mantoux test was negative. Throat and nasal cultures were sterile.

Three biopsies were taken during two episodes of the disease. The first revealed spongiotic intra-epidermal bulla with a few epidermal cells showing acantholysis (Fig. 2). The second showed subacute dermatitis without acantholysis, and the third had features suggestive of pemphigus vulgaris. Direct immuno-

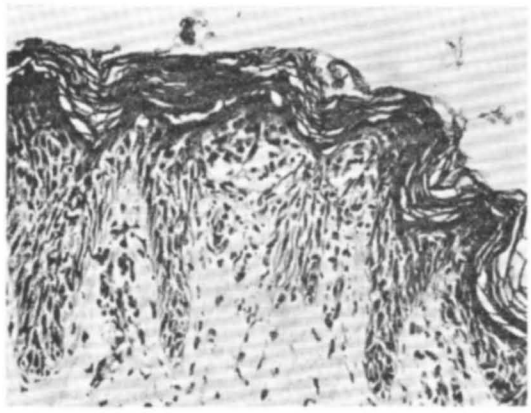

Fig. 2. Spongiosis and an intra-epidermal bulla containing a few acantholytic epidermal cells (H and E X120).

fluorescence for tissue-bound antibodies and indirect tests for circulating antibodies of IgA, IgG, IgM as well for C_3 were negative.

Treatment with antibiotics, local corticosteroids, dapsone and high doses of vitamin A did not prove beneficial. The patient's young age dissuaded us from using systemic corticosteroids and/or PUVA therapy.

Comments

To the best of our knowledge this is the first case of TAD reported in a child and also incidentally the first case report from the Indian sub-continent. Furthermore, the generalized distribution and the long duration in such a patient are in contrast to Grover's[1] observation that these features were more commonly seen in patients over 50 years of age. Heenan and Quirk, [5] on the other hand, noted that the long duration of the disease appeared to correlate with features of pemphigus vulgaris and spongiotic acantholysis in the biopsy, an observation supported by the findings in this case. The long duration of 4 years of disease in this child also supports the presence of a persistent sub-type of TAD as has been suggested by Simon et al.[3]

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