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# BRUNSTING - PERRY TYPE CICATRICIAL PEMPHIGOID

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One 32-years-male had itchy, erythematous, tense bullae which were complicated by contact-irritant eczema due to indigenous medication. Later he developed secondary infection and maggot infestation. On tapering off steroids he developed fresh crops of haemorrhagic tense bullae. Clinical diagnosis of Brunsting-Perry Cicatricial Pemphiogoid (BPCP) was confirmed by subepidermal bullae. Bullae were controlled with 150 mg dapsone daily.

**Key Words : Cicatricial pemphigoid, Contact irritant eczema, Bullae**

## Introduction

A variant of cicatricial pemphigoid was reported in which recurrent crops of bullae appeared on one or several circumscribed erythematous plaques mainly confined to head and neck; bullae healed with atrophic scars.[1] Immunofluorescent studies confirmed that Brunsting-Perry type cicatricial pemphigoid (BPCP) was a definite entity.[2] Disseminated bullae having immunofluorescence similar to bullous pemphigoid (BP) and healing with scars confirmed widespread BPCP.[3] Clinical overlap between BP and CP was reported and their exact relationship would be established after identification of antigen/antigens.[4,5] Cicatricial pemphigoid (CP) showed good response to both dapsone & sulphamethoxypyridazine.[6]

## Case Report

One 32-years-male developed, itchy, erythematous, discrete, tense bullae on right leg 20 days before admission. Bullae progressed to left and upper limbs. He took some indigenous medication, developed contact-irritant eczema over limbs, groins and lower abdomen. He was admitted as a case of fever, impetiginized contact-irritant eczema and maggot infestation of right big toe and second toe. Bilateral asymmetry with more involvement of right limbs was observed. Eczema and infection were treated and lesions disappeared from all areas except right limbs and left leg which showed discrete, 1-2 cm, well defined, hypopigmented scars and milia. 37 days after admission when the steroids were tapered off, the patient developed progressive 1.5 - 2.5 cm discrete, tense, haemorrhagic bullae on right lower limb and upper limb. Mucous membranes were normal except one 1.25 x 0.5 cm pinkish, hypertrophic lesion on occlusion line on right buccal mucosa.

Fig. 1. On the left side big bulla in relation to dermoepidermal junction. Dermal bulla on the right, full of RBCs extending through almost whole depth of epidermis.

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Histopathology revealed one big subepidermal bulla, and second bulla full of RBCs extending into the epidermis (Fig 1). There was perivascular mononuclear infiltrate in the dermis. All investigations were normal except peripheral eosinophil count of 22%.

Bullae were controlled with dapsone 150 mg daily.

## Comments

Cicatricial Pemphigoid localized to skin especially of head & neck was first established by Brunsting and Perry.[1] Present case was diagnosed clinically and histopathologically as a case of BPCP localized mainly to right limbs. Contact-irritant eczema lesion healed completely without scars & bilateral asymmetry observed with present case was due to residual atrophic, hypopigmented scars of healing bullae.

## References


1. Brunsting LA, Perry HO. Benigh Pemphigoid ? Arch Dermatol 1957; 75 : 489-501.
2. Michel D, Bean SF, Chorzelski T, et al. Cicatricial Pemphigoid of Brunsting-Perry. Arch dermatol 1977; 113 : 1403-5.
3. Provost TT, Maize JC, Ahmed AR, et al. Unusual subepidermal bullous diseases with immunologic features of bullous Pemphigoid. Arch Dermatol 1979; 115 : 156-60.
4. Hanno R, Foster DR, Bean SF. Brunsting-Perry cicatricial Pemphigoid associated with bullous Pemphigoid. J Am Acad Dermatol 1980; 3 : 470-3.
5. Venning VA, Fritch PA, Bron AJ, et al. Mucosal involvement in bullous and cicatricial Pemphigoid. Br J Dermatol 1988; 118 : 7-15.
6. McFadden JP, Leonard JN, Powles AV, et al. Sulphamethoxypyridazine for dermatitis herpetiformis, liner IgA disease and cicatricial Pemphigoid. Br J Dermatol 1989; 121 : 759-62.