PRIKAZ IZ KLINIČKE PRAKSE
CASE REPORT

PEMPHIGOID MUKOZNE MEMBRANE – PRIKAZ SLUČAJA

MUCOUS MEMBRANE PEMPHIGOID – A CASE REPORT

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Kratak sadržaj

Pemphigoid mukozne membrane predstavlja heterogenu grupu autoimunih poremećaja koji se karakterišu subepitelnim odvajanjem i formiranjem depozita imunoglobulina i komplementa duž zone bazalne membrane. Postavljanje tačne dijagnoze zahteva dobru anamnezu, klinički pregled, laboratorijska ispitivanja, patohistološku verifikaciju i naravno direktnu ili indirektnu imunofluorescencu. U ovom radu prikazali smo slučaj iz prakse pacijentkinje sa Pemphigoidom mukozne membrane, i istakli značaj dijagnostičkih metoda – naročito patohistološke potvrde i diferencijacije između važnih oboljenja – Pemphigus vulgarisa i njegovih varijanti.

Ključne reči: *Pemphigoid mukozne membrane, oralne manifestacije, patohistološki nalaz*

Abstract

Mucous membrane pemphigoid is a group of a chronic, immunobullous disorders which is characterized by the formation of subepidermal bullae and the presence of immunoreactants at the basement membrane zone. The adequate diagnosis assessment requires throughout anamnesis, clinical examination, laboratory investigations, pathohistological verification and direct and indirect immunefluorescence. In this paper, we showed a case report of patient with Mucous membrane pemphigoid, and pointed out the significance of diagnostic methods – especially the significance of pathohistological verification and differentiation between significant disorders – Pemphigus vulgaris and its variables.

Key words: *Mucous membrane pemphigoid, oral manifestations, pathohistological diagnosis*

Uvod

Pemphigoid predstavlja hronični, imunobulozni poremećaj koji se odlikuje stvaranjem subepidermalne bule i prisustvom imunoloških činilaca u zoni bazalne membrane.[1,2] Razlikuju se dve podgrupe ovog stanja:

1. Promene se većinom javljaju na koži uz moguću oralnu lokalizaciju. Ova podgrupa odgovara *Buloznom pemphigoidu*.

2. Promene uglavnom zahvataju mukoznu membranu, sa povremenim promenama na koži. Ove promene se od skora nazivaju *Pemphigoid mukozne membrane*.

Introduction

Pemphigoid is a group of a chronic, immunobullous disorders which is characterized by the formation of subepidermal bullae and the presence of immunoreactants at the basement membrane zone.[1,2] There are two clinical subtypes of this condition:

1. Predominantly affects the skin with occasional mucosal involvement, is referred to as *Bullous pemphigoid*.

2. Predominantly involves the mucous membranes with only occasional skin involvement and is now referred to as *Mucous membrane pemphigoid*.

Pemphigoid mukozne membrane predstavlja heterogenu grupu autoimunih poremećaja koji se karakterišu subepitelnim odvajanjem i formiranjem depozita imunoglobulina i komplementa duž zone bazalne membrane.[3,4]

Postavljanje tačne dijagnoze zahteva dobru anamnezu, klinički pregled, laboratorijska ispitivanja, patohistološku verifikaciju (u našim uslovima ona predstavlja jednu od glavnih metoda dijagnostifikovanja), i naravno direktnu ili indirektnu imunofluorescencu.

Mucous membrane pemphigoid is a heterogenous group of autoimmune disorders characterized by subepithelial separation and the deposition of immunoglobulins and complement along the basement membrane zone.[3,4]

The adequate diagnosis assessment requires throughout anamnesis, clinical examination, laboratory investigations, pathohistological verification (Pathohistological verification is one of major diagnostic methods in our country) and direct and indirect immunefluorescence.

Prikaz slučaja

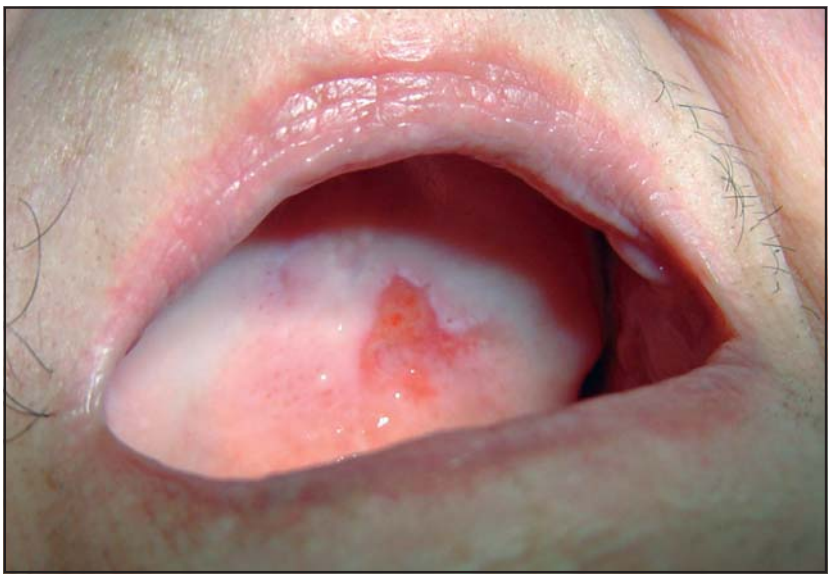
Pacijentkinja I.M., stara 76 godina, došla je u Stomatološku kliniku Niš – Odeljenje za Oralnu medicinu i parodontologiju. Ona je u anamnezi navela da su se promene javile na nepcu dva meseca pre dolaska na kliniku. Pacijentkinja je promene opisala "kao mehur koji prsne i boli". To se desilo pošto je pojela jako tvrdu koricu hleba. Pacijentkinja je uzimala antibiotike, ali nije došlo do poboljšanja njenog stanja. Pacijentkinja nije imala smetnje niti je uočila bilo kakve promene na koži, oku, ili genitalijama. Takođe, pacijent je negirao postojanje drugih bolesti i u vreme javljanja na Kliniku nije uzimala nikakve lekove.

Pri kliničkom pregledu uočena je erodovana površina na sredini tvrdog nepca, prekrivena fibrinskim eksudatom (slika 1). S obzirom na postojanje velikog broja diferencijalno dijagno-

Case Report

A female patient, I.M., born in 1929, came to Dental Clinic Niš – Department of Oral Medicine and Periodontology. Anamnesis data revealed that the changes on the palate appeared two months before arrival to Dental Clinic Niš. The patient described these changes "like a balloon which cracked down and was accompanied with pain". This happened after the patient ate dry bread. The patient received antibiotics, but there was no improvement of her health condition. She had no other disturbances and didn't notice any changes on skin, eyes or reproductive organs. Also, the patient denied the presence of any other diseases or ongoing medical therapy at the time of arrival to Dental Clinic.

An ulceration covered with fibrin exudates in the middle of hard palate was noticed during the clinical examination (Figure 1). The biopsy

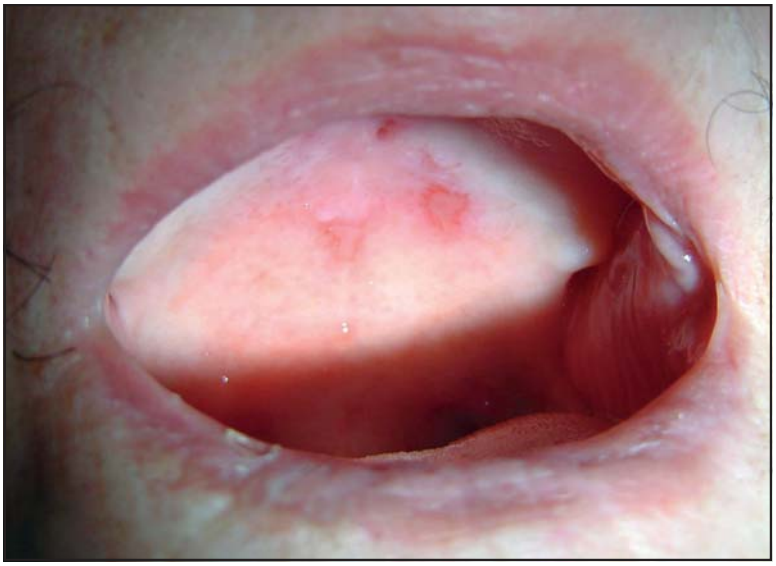


Slika 1. Erozija na tvrdom nepcu kod pacijentkinje pri prvom pregledu

Figure 1. Ulceration on hard palate at the first visit

stički sličnih oboljenja, uzeta je biopsija sa tvrdog nepca na Odeljenju za Oralnu hirurgiju Stomatološke klinike u Nišu i poslata u Institut za Patološku anatomiju Kliničkog centra na standardnu patohistološku analizu. Pacijentkinji je ordiniran kortikosteroid u dozi od 40 mg dnevno (Tabl. Pronison® 20 mg) – i to 1 tableta ujutru, i 1 u podne. Posle uočenog smanjenja erozije postepeno je smanjena doza kortikosteroida. Do značajnog poboljšanja kliničke slike došlo je posle sedmog dana (slika 2), a do potpune regresije promena posle četrnaestog dana.

from hard palate was taken at the Department of Oral Surgery and sent to Institute of Pathology. Standard routine pathohistological examination was done. The patient was prescribed systemic corticosteroids at dosage of 40 mg per day (Tab. Prednisone® 20 mg) – patient received one tablet in the morning, and one in the noon. The dosage of corticosteroids was slowly decreased after the reduction of ulceration was noticed. Significant improvement of clinical findings was noticed after the seventh day (Figure 2), and the ulceration disappeared after the fourteenth day.

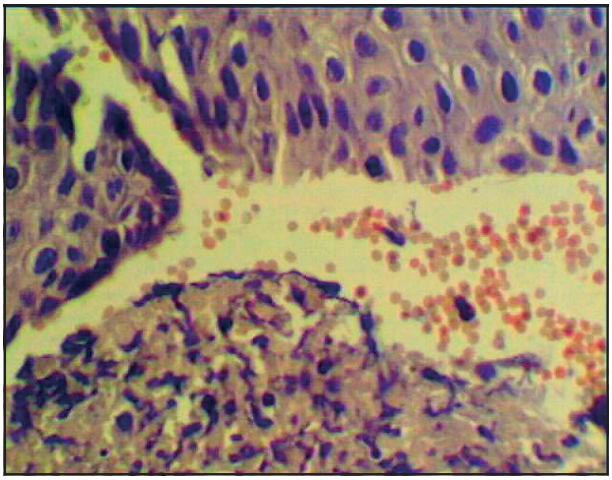


Slika 2. Regresija promene na tvrdom nepcu nakon sedam dana terapije

Figure 2. Regression of ulceration on hard palate after seven days of treatment

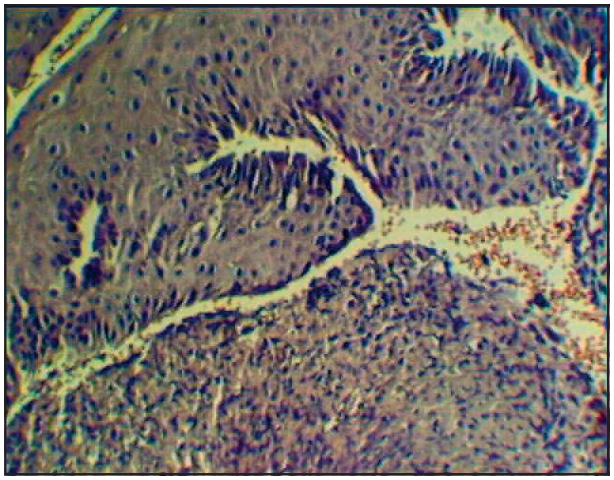
Patohistološkim ispitivanjem potvrđena je dijagnoza Mucous membrane pemphigoid (MMP) (slike 3 i 4).

The diagnosis Mucous membrane pemphigoid (MMP) was proved by pathohistological examination (Figures 3 and 4).



Slika 3. Patohistološki izgled pemphigoida mukozne membrane (originalno uvećanje HE x 25)

Figure 3. Pathohistological appearance of Mucous membrane pemphigoid (original magnification HE x 25)



Slika 4. Patohistološki izgled pemphigoida mukozne membrane (originalno uvećanje HE x 10)

Figure 4. Pathohistological appearance of Mucous membrane pemphigoid (original magnification HE x 10)

Osam meseci nakon prvog javljanja, pacijentkinja je ponovo došla zbog potpuno istih promena na tvrdom nepcu. Ovaj put promene su se javile "nakon što je protezom jako pritisnula nepce, pa se javio mehur koji se nakon toga probušio". Kliničkim pregledom nisu uočene promene na koži, oku, niti genitalijama. Lokalno je ordiniran kortikosteroid sa antifungicidom u obliku rastvora za ispiranje usne duplje. (Sol. Dexamethason + Sol. Nystatin). Posle deset dana uočena je regresija promena.

Diskusija

Tipični znaci koji govore u prilog pemfigoida mukozne membrane su: obično obolevaju žene u starijim godinama; primarni afekt se javlja na oralnoj sluzokoži; nisu prisutne promene na koži; ishod nije fatalan; oralne bule su lokalizovane subepitelijalno; i ukoliko se jave promene na oku one mogu dovesti do slepila.[5] Kod prikazanog slučaja bili su prisutni svi znaci sem poslednjeg.

Klinički, kod pemphigoida mukozne membrane, prisutne su jako široke erodovane površine – najčešće na nepcu (što je slučaj i kod prikazane pacijentkinje), na bukalnoj sluzokoži ili mukozi usana. Ove promene imaju sporu progresiju.[6,7] Deskvamativni gingivit može biti takođe jedna od manifestacija.[3] Erozije perzistiraju i po nekoliko nedelja, nakon čega sporo zarastaju. Mogu se razviti i nove erozije u blizini već postojećih promena u regresiji, pa ovaj proces može trajati i kroz veoma dug period – do godinu dana i više. Nikolskijev fenomen je uvek pozitivan (u prilog ovome govori i podatak da nošenje proteze kod naše pacijentkinje izaziva pojavu bula).

Pemphigoid mukozne membrane češće se javlja kod žena starije životne dobi (od 50 do preko 70 godina).

Sve pacijente sa pemfigoidom mukozne membrane treba uputiti na pregled kod oftalmologa, s obzirom da je neophodan rani tretman očnih lezija.[8]

Ostale mukozne membrane, kao što su vulvalna, nazalna, faringealna, laringealna, ezofagealna i anogenitalna takođe mogu biti zahvaćene. Zato u anamnezi ovim pacijentima moramo da postavimo pitanja kao što su: Da li otežano gutate? Da li Vas peckaju oči? Da li imate genitalne neugodnosti u vidu peckanja i slično?

Eight months after the first arrival to Dental Clinic, the patient came to clinic again with the same changes on the hard palate. This time, the changes arise "after the patient pressed the palate to strong with her denture. One balloon appeared but it was short living and then it cracked down." During clinical examination no changes on eyes, skin or reproductive organs were noticed. Topical corticosteroids with antifungal medicaments were administrated in form of mouthwashes. (Sol. Dexamethasone + Sol. Nystatin) The regression of changes was noticed after ten days.

Discussion

Typical features for Mucous membrane pemphigoid are: females mainly affected and usually elderly; oral mucosa often the first site; skin involvement absent or minimal; non-fatal disease; oral bullae are subepithelial; involvement of eyes may cause blindness.[5] Our patient had all these typical features except the last one.

Clinical presentations of Mucous membrane pemphigoid are: wide spread ulcerations – usually on palate (The same findings in our report), buckle mucous or lip mucous. These changes are slow in progression.[6,7] Desquamative gingivitis can be manifestation of this disorder.[3] Ulcerations can last for several weeks, and after that time they usually heal slowly. New ulcerations can appear near the old ones which are in regression. In this way, the process can last during very long period – of one year and more. Nikolsky sign is typically positive. (In our case report we have similar findings; after wearing dentures bullae appeared.)

Onset of mucous membrane pemphigoid varies from 50 – 70 year age, but it is more common in late middle age group.

All patients diagnosed as having Mucous membrane pemphigoid should be referred to an ophtalmologist.[8]

Other mucous membranes such as vulval, nasal, pharyngeal, laryngeal, esophageal and anogenital may be affected. Patients should therefore be asked; Do You have difficulties with swallowing? Do You have itching in your eyes or genitals? Etiology of this disorder is autoimmunity. Trigger is unknown.

Ova bolest je autoimune etiologije. Okidač (trigger) je nepoznat. Histološki prisutna je subepitelna bula, čije dno čini vezivno tkivo infiltrovano sa ćelijama zapaljenja.[9-13] Senzitivnim tehnikama moguće je dokazati i cirkulišuća antitela. U našim uslovima patohistološka verifikacija predstavlja odličnu dijagnostičku metodu za postavljanje granice između Pemphigus vulgarisa, Pemphigoid bullosus i Pemphigoid mukozne membrane, i naravno ostalih diferencijalno dijagnostičkih oboljenja: Erythema multiforme, Lupus erythematosus i Epidermolysis bullosa acquisita.[4]

Zaključak

Ovim slučajem iz kliničke prakse želeli smo da ukažemo na značaj dijagnostičkih metoda – naročito patohistološke potvrde i diferencijacije između važnih oboljenja – Pemphigus vulgarisa i njegovih varijanti.

Histologically there are subepithelial bullae. The floor of the bulla is formed by connective tissue alone, infiltrated by inflammatory cells.[9-13] Circulating antibodies are detectable by sensitive techniques. Pathohistological verification presents good diagnostic method for assessment the border between Pemphigus vulgaris, Pemphigoid bullosus and Mucous membrane pemphigoid, and other differential diagnosis diseases like: Erythema multiforme, Lupus erythematosus and Epidermolysis bullosa acquisita.[4]

Conclusion

In this case report, we wanted to point out the significance of diagnostic methods – especially of pathohistological verification of disease and differentiation between important diseased – Pemphigus vulgaris and its variables.

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