Pemphigoid vegetans: A Case Report

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Pemphigoid vegetans in an 83-year-old man is reported. The histological and immunopathological findings were those of bullous pemphigoid rather than a variant of pemphigus. (Received February 23, 1984.)

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Pemphigoid vegetans was first used to describe a case with vegetating lesions which resembled pemphigus vegetans, but where the histopathological and immunological findings were those of bullous pemphigoid (1). Since then, there has been a further similar case report (2). Both of the patients previously described were female and had flaccid vegetating lesions affecting the groins, axillae, hands, eyelids and perioral regions. They also had evidence of inflammatory bowel disease. We wish to report a case of a man who was otherwise in good health and who developed a persistent intertriginous rash which was confined to the groins. The histological and immunopathological findings in our patient were consistent with the diagnosis of pemphigoid vegetans—a type of bullous pemphigoid.

CASE REPORT

An 83-year-old man had a one year history of an itchy-persistent eruption which affected both groins. There was little improvement with Cetrimide cream. He had no previous history of skin disease and there was no relevant family history. He was well and had no bowel symptoms.

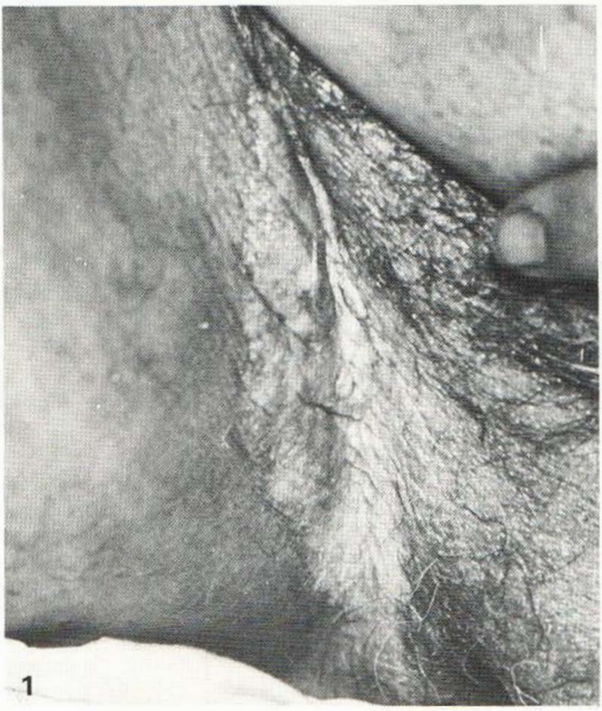
On examination, there were hypertrophic, verrucous and vegetative lesions in both groins (Fig. 1). There were no blisters and the mucosae appeared unaffected. Proctoscopy was normal. Apart from a large ventral hernia, he was otherwise in good health.

Laboratory investigation were as follows: Haemoglobin 16.4 g/dl, total white cell count 6.7 10^9/l differential normal, platelets 153 10^9/l, ESR 7 mm/h (Westergren). Plasma urea and electrolytes were normal. Blood WR was negative. A skin swab from the groins grew on culture a mixed growth of organisms including staph. albus. Indirect immunofluorescence showed a skin antibasement membrane antibody in the serum in a dilution of 1/20. Tests for other autoantibodies were all negative.

Histological examination of the two skin biopsies showed an acanthotic epidermis with pseudoepitheliomatous hyperplasia. There was oedema of the papillary dermis with sub-epidermal cleft formation (Fig. 2). There was no acantholysis though a number of the interepidermal eosinophils and lymphocytes were present. In the dermis, there was a moderate perivascular mononuclear cell infiltrate. Direct immunofluorescence of the skin biopsies showed a linear deposition of IgG at the dermo-epidermal junction zone (Fig. 3). A weak linear deposition of C3 was also seen. He was treated with topical application of clobetasol propionate 0.05% twice daily with some improvement, but without complete resolution of the lesions.

DISCUSSION

A number of disorders in which persisting vegetating eruptions occur have been grouped together under the term dermatitis vegetans. Of these, there is a distinctive clinical condition—pyodermite végétante of Hallopeau in which a chronic pustular and vegetating eruption occurs in the axillae and groins and may be associated with ulcerative colitis (3).



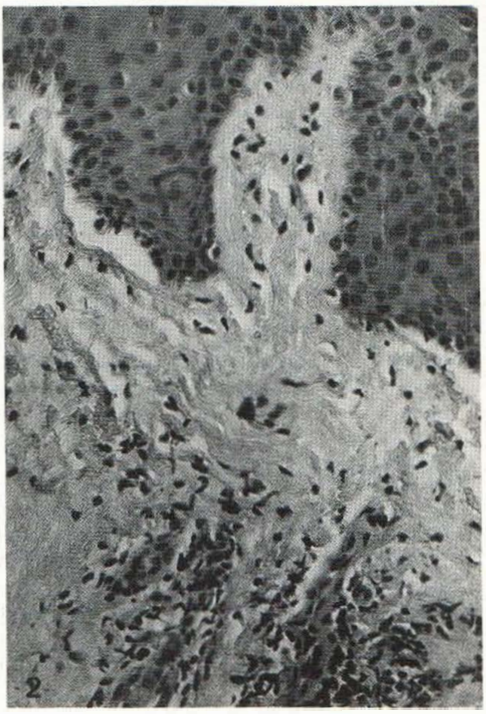


Fig. 1. Vegetating lesions in groins.

Fig. 2. Epidermal hyperplasia with sub-epidermal clefts. Oedema of the papillary dermis with perivascular mixed inflammatory cell infiltrate (haematoxylin-eosin, original magnification ×100).

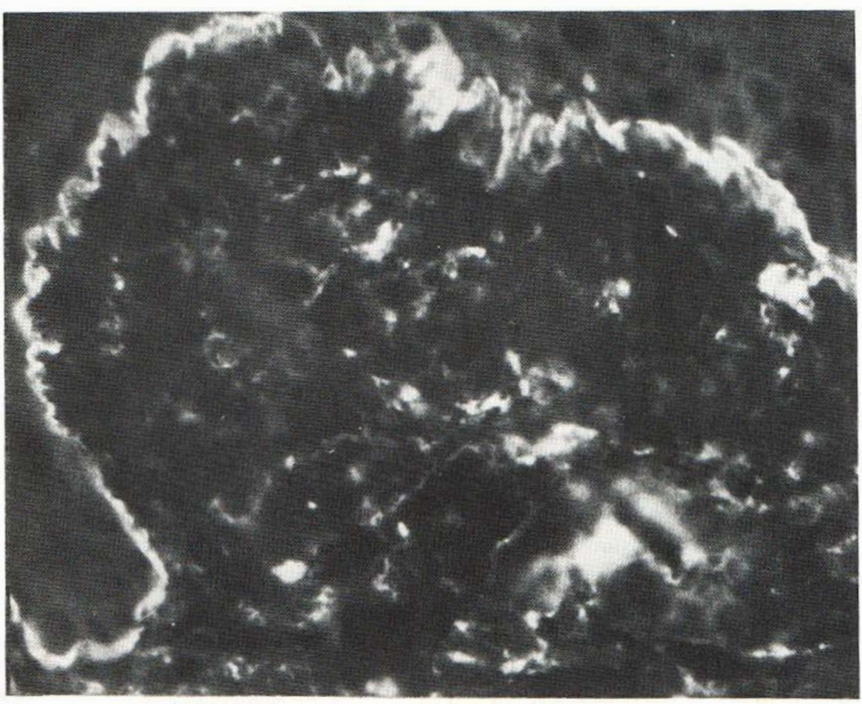


Fig. 3. Direct immunofluorescence showing linear deposition of IgG at dermo-epidermal junction zone (original magnification ×100).

Recent immunofluorescence studies on these patients (4) indicate that pyodermite végétante belongs to the pemphigus group of disorders. Intercellular in-vivo bound IgG and C3 are found in the epidermis and a patient we have recently seen with this condition had the characteristic direct and indirect immunofluorescence findings as seen in pemphigus. We agree that pyodermite végétante unrelated to pemphigus probably does not exist.

The clinical appearances of the persistent intertriginous eruption in our patient were those of pemphigus vegetans. However, the histological and immunopathological findings were those as described in pemphigoid vegetans (1) and (2). In our patient, unlike the other cases, the eruption was restricted to the groins with no lesions elsewhere. Our patient had no evidence of bowel disease, though it it possible that radiological investigations may have revealed a latent colitis. The direct immunofluorescence findings were those as found in bullous pemphigoid and not those of pemphigus. It appears that pemphigoid vegetans is an entity and can be considered a type of bullous pemphigoid with vegetating lesions.

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