

Title: PEMPHIGOID GESTATIONIS: A CASE REPORT OF A RARE PRURITIC AUTOIMMUNE DISEASE

INTRODUCTION

Pemphigoid gestationis is a rare and extremely pruritic autoimmune bullous skin disorder occurring during pregnancy and immediate postpartum period.¹ If it occurs in first or second trimester, it can lead to intrauterine death, low birth weight and preterm delivery.²

OBJECTIVES

To determine the effect of pemphigoid gestationis on the pregnancy outcome.

CASE OPERATION PROCEDURE

A 33-year-old G6P4L1A1 presented at 32 weeks of gestation with no history of bullous lesions in present pregnancy. Her prior two pregnancies ended in intrauterine deaths with unknown cause. In her 5th pregnancy, she was admitted at 22 weeks with itching lesions on the hands and abdomen with blisters filled with fluid (**Fig 1**). Pemphigoid gestationis was diagnosed by skin biopsy and C3 linear membrane zone was positive in the direct immunofluorescence test and Wysolone 30 mg was started (**Fig 2**). Pregnancy ended in intrauterine death at 28 weeks of gestation.

In the present pregnancy, fetal growth restriction was diagnosed with abnormal umbilical artery doppler. She underwent emergency cesarean section in view of non reassuring fetal heart status and delivered a live baby of 1.18 kg. Baby was in the NICU for low birth weight and prematurity. Mother and baby were discharged in stable condition later.



Fig 1: Bullous lesions on the hand and abdomen



Fig 2: Healed lesions on the hands and abdomen following steroid therapy

DISCUSSION

Pemphigoid gestationis is diagnosed based on the unique clinical picture, histopathologic features, and the direct immunofluorescence (DIF) test results.³

CONCLUSION

Clinicians should assess pregnant women with pruritic rashes for pemphigoid gestationis and provide multidisciplinary therapy to minimize maternal and perinatal adverse outcomes.

Conflict of interest: The authors declare that there is no conflict of interest.

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