

# Clinical and Medical Case Reports

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### “A window into the deep” coexistence of bullous pemphigoid & hyperthyroidism: A Case report

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**Background:** Bullous pemphigoid (BP) is the most common autoimmune blistering skin disease. The significance of the association of bullous pemphigoid with other autoimmune diseases is still unknown. There have been reports of an association of skin diseases with other autoimmune disease. We report the simultaneous occurrence of bullous pemphigoid and thyroid disease in an 89-year-old patient. There is a common underlying pathogenic mechanism involved in these two diseases which explains their relationship and co-existence. This association adds to the documentation of bullous pemphigoid co-existing with other autoimmune disorders.

**Case:** An 89-year-old Filipino man was seen in April 2017 at the OPD Clinic of World Citi Medical Center due to multiple skin blisters of two weeks duration. He did not complain of fever, difficulty of breathing, abdominal pain or body malaise. His vital signs were within normal range. Examination of the skin showed dry, cool with multiple, tense vesicles and bullae, some erythematous erosions over the arms, axillae, inner thighs, and legs. Nikolsky and Asboe-Hansen signs were both negative. Mucosal and genital areas were free of lesions. Baseline CBC, blood chemistries and chest x-ray were within normal limits. A diagnosis of Bullous Pemphigoid was confirmed by a skin punch biopsy and Direct Immunofluorescence (DIF) which revealed the presence of subepidermal blisters and linear deposition of IgG and C3 at the dermo-epidermal junction respectively. Oral Prednisone and Erythromycin was started and discharged improved with skin lesions 70-80% partially improved. However, three-weeks post discharge, he was readmitted for palpitations. Thyroid function tests were done which revealed Hyperthyroidism (FT3: 4.2pg/ml, normal 2.5-3.9 pg/ml; FT4: 2.33 ng/dl, normal 0.58-1.64 ng/dl; TSH: 0.08 mIU/l, normal 0.34-5.60 mIU/l). Methimazole 5mg tab once daily was then added to his medications. General conditions gradually improved hence discharged. The skin lesions are almost completely controlled with oral Prednisone, Erythromycin, Nicotinamide and Clobetasol cream.

**Conclusion:** We conclude that there exists an association between Bullous pemphigoid & Thyroid disease. Based on Humbert and Dupond classification, they belong to two different types of class of Multiple Autoimmune syndrome (MAS). Although not typical of MAS, a common pathophysiologic mechanism can explain their co-existence. Both Autoimmune thyroid disease (AITD) and BP have autoantibodies belonging to IgG class. The presence of one autoimmune disease requires a high index of suspicion for prompt evaluation for the others. The occurrence of multiple autoimmune phenomena indicates the need for continued surveillance for the development of new autoimmune disease in predisposed patients

#### Biography

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