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Atypical Mycobacterium: A Challenge in the Treatment of Pemphigus Vulgaris

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Introduction: Pemphigus Vulgaris (PV) is an autoimmune acantholytic blistering disease that affects the skin and mucous membranes. It is due to autoantibodies targeted against adhesion molecules desmoglein 1 and 3 in the epidermis. Rituximab is now recommended as a first-line treatment for moderate to severe PV. Here in this case report we present a case of refractory PV complicated by atypical mycobacterium infection with a patient who has developed side effects of long-term high-dose steroid use.

Observation: In March 2022 a fifty-eight-year-old male presented to his general practitioner with painful blisters in his mouth and on his scalp and body. He had no past medical history of note. He was referred to dermatology with a preliminary diagnosis of PV and was initiated on 1g mycophenolate mofetil BD, prednisolone 60mg and received monthly intravenous immunoglobulins. Unfortunately, after repeated rounds of treatment, the PV was not well controlled and he was later referred to a tertiary centre for Rituximab treatment in 2023. The PV had stabilised on the Rituximab but he had been getting recurrent painful and purulent abscesses on his chest and back. His initial skin swabs grew normal skin flora and moderate pseudomonas and as per microbiology recommendation was treated with repeated courses of Ciprofloxacin. This helped in the initial phase but the abscesses would shortly return after the course had been completed. Further to this, an excision biopsy from an abscess on his back was sent to histology for analysis including mycobacterium culture. The preliminary results from the skin biopsy showed that he had been positive for acid alcohol fast bacteria (AAFB). During this patient's 2 years of treatment, he developed; steroid-induced diabetes, steroid-induced myopathy and osteoporosis.

Discussion: Every patient with PV poses a unique challenge in terms of disease control and adverse events. Corticosteroids have been the mainstay of treatment of PV since the time of their approval in the 1950s. Prolonged and high-dose administration of steroids is often needed to control certain autoimmune diseases such as PV. Corticosteroids long-term have severe adverse effects, including hypertension, osteoporosis, atherosclerosis, peptic ulcer disease, aseptic necrosis, diabetes mellitus and increased susceptibility to infections. Recently, rituximab, a chimeric anti-CD20 monoclonal antibody, which causes B-cell depletion, has been shown to improve disease remission rates with faster tapering of steroids compared to the conventional treatment. Rituximab is now recommended as a first-line treatment for moderate to severe PV. From this case, we have shown that the treatment of PV can be a challenging and complicated journey. Steroids are the first-line therapy for PV, but long-term administration may lead to serious adverse effects and this needs to be addressed when counselling a patient on long-term treatment.

Biography

E. Wales is a committed healthcare professional affiliated with Ashford and St Peter's Hospitals NHS Foundation Trust, United Kingdom. With a strong clinical background and years of experience in patient-centered care, E. Wales has consistently contributed to advancing healthcare quality and safety within the NHS framework.Specializing in multidisciplinary collaboration and evidence-based practice, E. Wales has played a vital role in improving care outcomes, particularly in acute and rehabilitative services. Their work emphasizes patient empowerment, streamlined care delivery, and innovation in hospital management and clinical education.

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