REASONING BEHIND THE REDNESS – AN INSIGHT TO PEMPHIGUS VULGARIS

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ABSTRACT

Erosive gingival lesions associated with vesiculobullous disease such as Lichen Planus, Cicatrical pemphigoid and pemphigus vulgaris have been collectively referred to as “Desquamative Gingivitis” Here we report a case of 63 year old female patient suffering from exacerbation and remission of pemphigus vulgaris since last 6 months. This case report emphasizes detailed case report, thorough oral and systemic examinations, investigative measures and proper treatment regimen.

INTRODUCTION

Pemphigus vulgaris is chronic autoimmune vesiculobullous lesions primarily affecting the oral mucosa and then spreads to the other parts of the body. The autoantibodies are directed against desmoglein 1 and 3 proteins present in the desmosomes resulting in the lack of cohesion in between the cells. Clinically appears as bullae that ruptures easily and exhibit positive nikolsky sign due to the accumulation of transudative fluid between the desmosomes and the basement membrane. There is a complex interplay between the genetic and environmental factor in the pathogenesis of pemphigus vulgaris. In genetically predisposed individuals it occurs spontaneously or induced by the triggering factors such as infection, trauma or sunlight and stress. Here we report a case of pemphigus vulgaris with the only oral manifestations and its possible co-relation with the stress also reviewed.

CASE REPORT

A 63 year old female patient reported to the dental clinic with the chief complaint of frequent blister formation followed by ulceration, pain and burning sensation for the past 6 months which refrained her from eating regular diet. Patient also noticed exacerbation of these ulcerations whenever she is stressed up.

From the clinical perspective the provisional diagnosis of pemphigus vulgaris and erosive lichen planus was made. The latter was of less suspect as we could not see wickhams striae in this patient. The other reasons of chronic ulcerations are herpetic gingivostomatitis, pemphigoid. After informed consent perirotential biopsy was taken from the buccal mucosa for conventional histology and direct immunoflourescent examination. Histopathology showed stratified squamous epithelium, with intraepithelial separation, and the nuclei was

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The role of stressor events in aggravating vesiculobullous lesion is well established. Psychological stress might alter immune function through direct innervations of lymphatic tissue, through release of hypothalamic pituitary adrenocortical axis (HPA) and sympathetic adrenal medullary (SAM) hormones that bind to and alter the functions of immunologically active cells, or through stress-induced behavioural changes. Henceforth recognizing the influence of psychological stress on the development and evolution of pemphigus is important, since the health condition of the patients can be improved through the recognition, validation and treatment of their psychological issues, associating psychological assistance to the immunosuppressive treatment.
CONCLUSION
Dentists could be the first health professionals to recognize the mucosal involvement disorder. Correct diagnosis of the condition entails taking a detailed history, coupled with a thorough intraoral and extra oral examination, along with histopathology and Immunofluorescence studies, contributing to the improved treatment outcome. Psychological stress has been associated with the course of several autoimmune skin diseases and reported a possible factor in triggering and aggravating for pemphigus in predisposed patients. Practically, avoiding or limiting the interaction of environmental factors with the pemphigus-prone genetic background maybe a useful precaution in the management of these patients, as it improves the efficacy of conventional treatments, reduce risks of relapses, and, in some cases, even result in a cure.

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