Infantile bullous pemphigoid

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Introduction

Bullous pemphigoid (BP) is a rare autoimmune blistering disease. While it predominantly affects the elderly, pediatric cases are possible and exhibit diverse clinical presentations, posing challenges in diagnosis. In this article, we report a case of infant BP related in time to a previous vaccination.

Medical observation

A 3-month-old presented bullous eruption located initially on the hands and feet , developed four days after the first pentavalent vaccine (diphtheria, tetanos, whooping cough, Haemophilus influenzae B and Hepatitis B).

He presented tense bullae on erythematous urticarial skin with palmoplantar involvement. Some of the bullae were purulent because of secondary infection. Nikolsky's sign was negative. (Fig 1)

A skin biopsy of a bulla was performed and treatment with topical corticosteroids was empirically started. Histological examination and direct immunofluorescence study confirmed the bullous pemphigoid showing a subepidermal bullae with a predominantly eosinophilic dermal inflammatory and a linear staining of C3 along the basement membrane zone, while IgG were not detectable.

Therefore, the treatment was kept for 2 months with rapid resolution of the lesions (Fig 2)

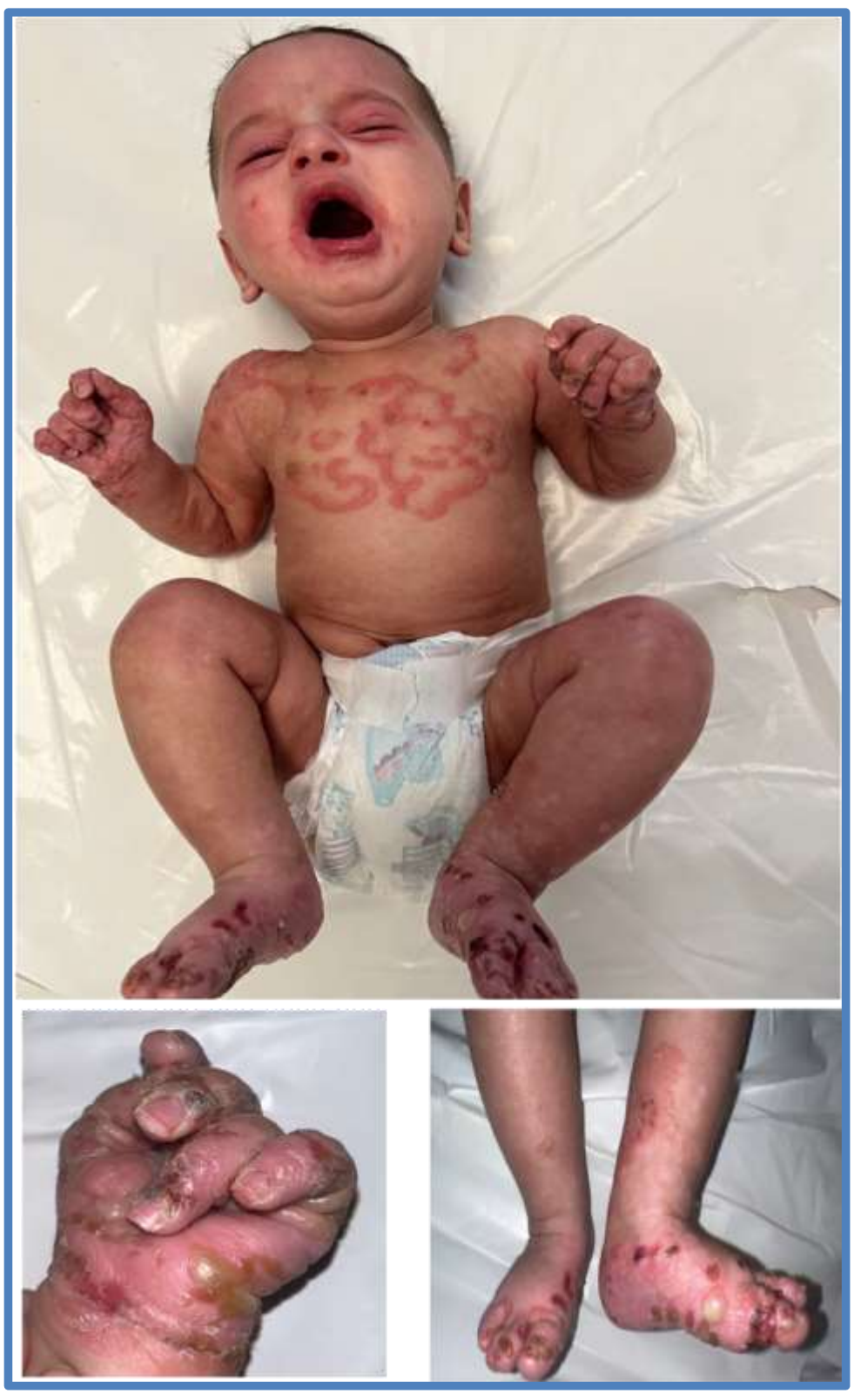

Figure 1

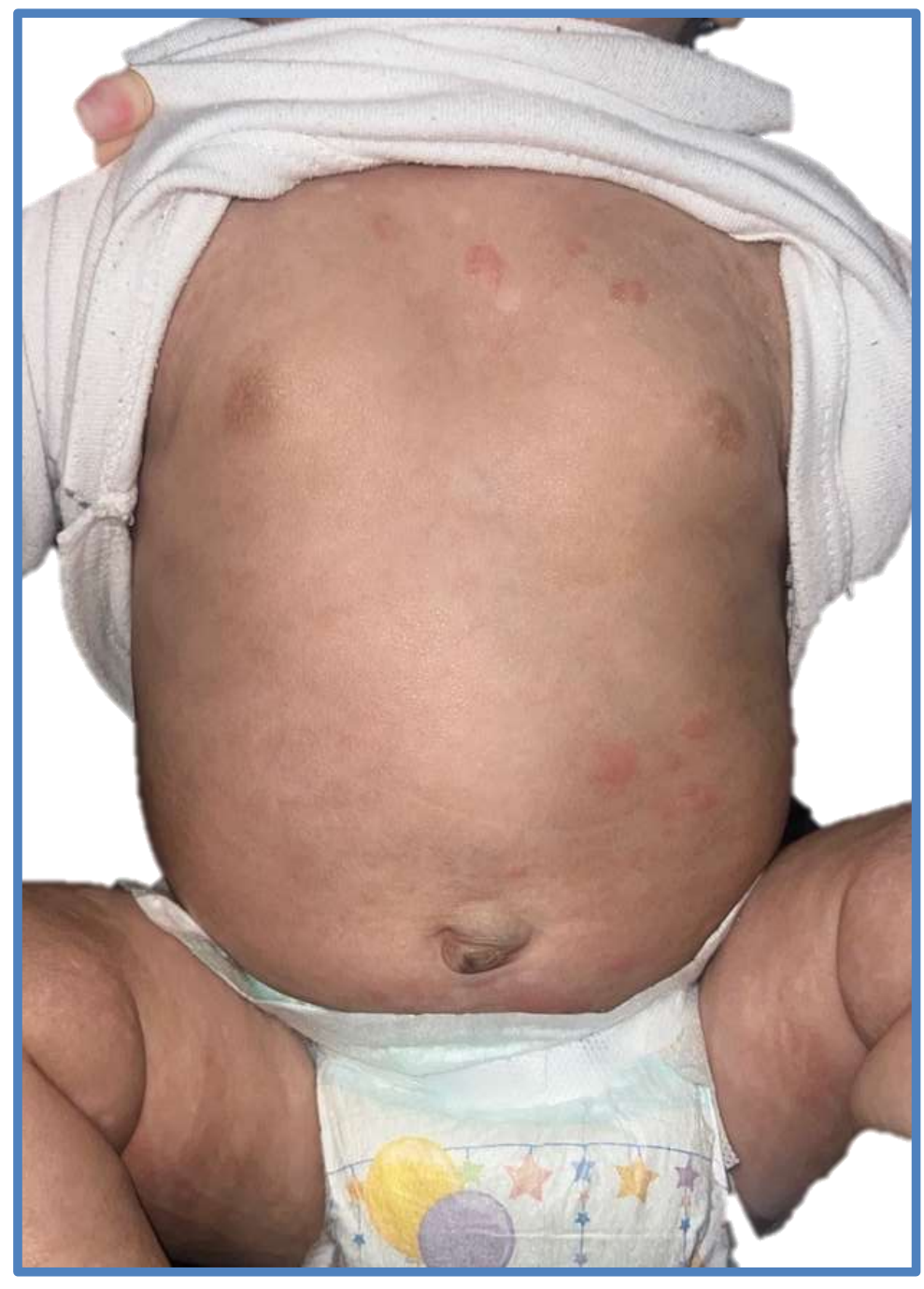

Figure 2

Discussion

Infantile BP stands as a relatively rare immune-mediated condition, characterized by distinct clinical features such as the notable involvement of the palms and soles. It often leads to a favorable response to corticosteroid treatment, thereby resulting in an excellent prognosis for affected infants. The pursuit of further research holds the promise of unraveling the underlying mechanisms of infantile BP and facilitating the development of more effective therapeutic interventions to improve patient outcomes.