



SUCCESSFUL PREGNANCY OUTCOME IN PEMPHIGUS VULGARIS

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ABSTRACT Pemphigus vulgaris is an autoimmune disease affecting skin and mucous membranes, rarely found in pregnancy. It is associated with increased maternal and neonatal morbidity. Here we report the case of a woman who conceived while on treatment for active pemphigus vulgaris, and had a successful VBAC.

KEYWORDS : Pemphigus Vulgaris, Pregnancy, VBAC

1. INTRODUCTION

Pemphigus vulgaris is a rare autoimmune disease which is common in eastern countries¹ with equal prevalence in men and women. The pathogenesis is linked to the presence of autoantibodies directed against desmoglein belonging to the cadherin family². Diagnosis is based on lesion biopsy and direct immunofluorescence. Here we report a case of a woman who was diagnosed with pemphigus vulgaris, five years after her first pregnancy and conceived while on treatment with high dose steroids and azathioprine for active disease and had a successful VBAC (vaginal birth after cesarean section).

2. Case Report

A 32 year old lady G2P1L1 previous LSCS who had been on treatment for pemphigus vulgaris for past three years was referred from a peripheral clinic. At the initial presentation she had few active lesions on back and was 7 weeks through the unplanned pregnancy. At the time of conception she was on 20 mg Prednisolone once daily and azathioprine 50 mg daily for active disease. She was counseled by the multidisciplinary team including Obstetrician Dermatologist and Neonatologist about the effects of disease and its treatment on the maternal and neonatal outcomes. She was followed up regularly in the high risk obstetric unit and dermatology clinic. Prednisolone and azathioprine were continued throughout pregnancy in view of new lesions developing. She developed mild gestational hypertension and gestational diabetes in 3 rd trimester and was managed on diet control. Obstetric ultrasounds were performed as per protocol which ruled out fetal anomalies and growth restriction. Birth plan was discussed at 36 weeks. She went into spontaneous labor at 40 weeks and had a successful VBAC. Baby weighed 3 kg at birth and was healthy. Postpartum period was uneventful and Prednisolone tapered to 5 mg daily. She breastfed the baby for 18 months.

3. DISCUSSION

Pemphigus vulgaris is an autoimmune bullous dermatosis occurring due to the presence of autoantibodies directed against desmoglein found in desmosomes of cell membranes of keratinocytes. The diagnosis is based on immunofluorescence test and biopsy of the lesions³. Pemphigus vulgaris during pregnancy is rare and the clinical manifestations are variable, ranging from miscarriage, preterm labour, low birth weight infants, pre eclampsia, neonatal pemphigus and fetal death⁴.

Management of Pemphigus vulgaris in pregnancy has to be under a multidisciplinary team balancing the risks of the disease and its complications against the potential adverse effects of treatment for mother and baby. The mode of delivery preferred is vaginal⁵, although it may worsen the local erosions in the presence of local lesions. The disease itself or the corticosteroid therapy may complicate wound healing after cesarean section In our patient the active lesions were limited to the upper body. We counseled her for VBAC as there were no obstetric contraindications.

4. CONCLUSION

The prognosis depends on the severity of the disease. Conception during remission and close surveillance will be of help in achieving a successful outcome. Aim for vaginal delivery in the absence of contraindications considering the risk of complications after cesarean section⁶.

The outcome of our patient was excellent, which was achieved by the collaborative efforts of the patient, dermatologist and obstetrician.

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