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AN UNUSUAL CASE OF BULLOUS PEMPHIGOID INDUCED BY TORSEMIDE-A CASE REPORT

Dermatology

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ABSTRACT

Bullous pemphigoid, an acquired autoimmune subepidermal blistering condition, primarily affects older adults between the ages of 60 and 80. Anecdotal case reports have described drug-induced bullous pemphigoid. Many medications, including beta blockers, ACE inhibitors, loop diuretics, and penicillin, have been associated with bullous pemphigoid. **Case Report:** A 72 year old female came with the complaints of fluid filled lesions over both the hands and legs since 3 months. She is a known cardiac patient diagnosed to have Restrictive cardiomyopathy/Biatrial enlargement/severe pulmonary hypertension for which she was on irregular medications since 2 years. She started developing blisters 2 weeks after starting Torsemide for her chronic heart disease. Apart from torsemide, she did not give history of taking any other new medications. On clinical examination: Few tense bullae were present over the dorsal aspect of middle finger, dorsal aspect of right foot. Few compressed bullae with surrounding hyperpigmentation present over the dorsal aspect of right hand. Perifollicular repigmentation was present over medial aspect of both the thighs. Mucosal examination was normal. Biopsy of intact bulla was sent for routine hematoxylin and eosin staining which showed subepidermal blister with eosinophils and neutrophils. **Discussion:** This is a rare instance of torsemide-induced bullous pemphigoid. As a result of this, clinicians will be able to identify and diagnose drug-associated bullous pemphigoid, allowing for early treatment and stopping the offending drug.

KEYWORDS

Bullous pemphigoid, torsemide.

INTRODUCTION

Bullous pemphigoid, an acquired autoimmune subepidermal blistering condition, primarily affects older adults between the ages of 60 and 80.[1] The incidence of bullous pemphigoid is 2-40 cases per million people [4]whereas the annual incidence of drug induced bullous pemphigoid is estimated to be about 22 cases/million people.[3]10% of bullous pemphigoid cases are caused by drugs. Many medications, including beta blockers, ACE inhibitors, loop diuretics, and penicillin, have been associated with bullous pemphigoid.[2]

Symptoms can develop 1-3 weeks after taking the offending drug.

Case Report

A seventy two year old female came with the complaints of fluid filled lesions over both the hands and legs since 3 months. She is a known cardiac patient diagnosed to have Restrictive cardiomyopathy/ Biatrial enlargement/severe pulmonary hypertension for which she was on irregular medications since 2 years. She started developing blisters 2 weeks after starting Torsemide for her chronic heart disease. Apart from torsemide, she did not give history of taking any other new medications. On clinical examination: Few tense bullae were present over the dorsal aspect of right middle finger, dorsal aspect of right foot.

Few compressed bullae with surrounding hyperpigmentation present over the dorsal aspect of left hand. Perifollicular repigmentation was present over medial aspect of both the thighs. Mucosal examination was normal. Biopsy of intact bulla was sent for routine hematoxylin and eosin staining which showed subepidermal blister with eosinophils and neutrophils.

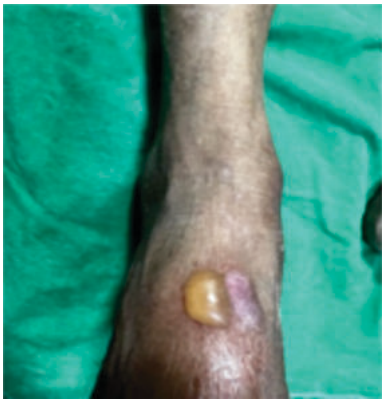

Figure 1: A Tense Bulla On The Dorsal Aspect Of Right Foot

Figure 2: Few Tense Bullae And Collapsed Bullae With Surrounding Hyperpigmentaion Present On The Dorsum Of Both The Hands.

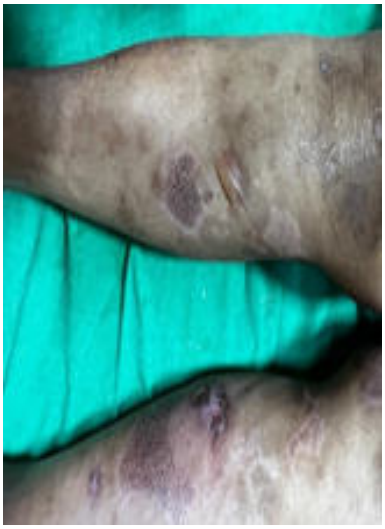

Figure 3: Solitary Collapsed Bulla With Perifollicular Repigmentation Present Over The Extensor Aspect Of Both The Legs.

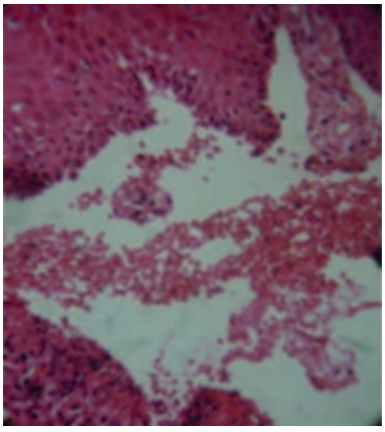

Figure 4: Hemotoxylin And Eosin Staining Showing Sub-epidermal Blister.

CONCLUSION

This is a rare instance of torsemide-induced bullous pemphigoid. As a result of this, clinicians will be able to identify and diagnose drug-associated bullous pemphigoid, allowing for early treatment and stopping the offending drug.

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