

Herpes gestations case reported

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Abstract

Background: Herpes gestations or Pemphigoid gestations is a rare, intensely itchy rash that occurs during or just after pregnancy. Typically, the rash starts around the navel, appears during the 2nd or 3rd trimester, and disappears within a few weeks or months after delivery.

Objective: The objective of the study to identify bullous skin disease during the third trimester of pregnancy.

Patients and methods: Thirty-nine years old Yemeni married woman patient of third trimester pregnant. She presented with severe itchy urticarial and blisters skin eruptions in generalized of her body. Skin biopsy and immunofluorescence was diagnostic. The patient treated with topical and systemic steroid, oral antihistamine and acyclovir.

Results: The clinical data and the investigations showed the patient had herpes gestations or Pemphigoid gestations skin disease during the third of trimester of pregnancy.

Conclusion: Herpes gestations or Pemphigoid gestations is rare skin disease in Yemeni pregnant women's. This was the first case reported.

Keywords: Yemeni, Herpes, Gestations, Pemphigoid, Gestations, Woman, Pregnancy

Introduction

Pemphigoid gestationis is thought to be caused by abnormal antibodies that attack the body's own tissues—an autoimmune reaction. What triggers an autoimmune disorder is not known. Fetal risks observed in PG are low birth weight baby, prematurity, and temporary skin lesions which resolve several weeks after the birth, but there is no increased risk of stillbirth and abortion (1-7). This risk may be correlated with disease severity. A postpartum flare-up has been observed. Rarely, pemphigoid gestationis can persist for several years. A systematic review found 80% of women were in complete remission 9 months post-partum, but half were still requiring treatment. Pemphigoid gestationis usually recurs with subsequent pregnancies, although there may

be unaffected pregnancies in between. Pemphigoid gestationis is a rare skin outbreak usually occurring late in pregnancy. (8,9,10). It's itchy and uncomfortable, but not life-threatening for you or your baby. Although this condition was previously called herpes gestationis, it is not caused by the herpes virus and is not contagious. What does it look like? Pemphigoid gestationis may start at any stage of the pregnancy (average onset around 28 weeks) and may initially look like hives (11-15).

Most fetuses are unaffected; however, transient lesions occur in < 5% of neonates born to mothers with pemphigoid gestationis. Risks, including infant mortality, are likely due to placental insufficiency and are increased after premature delivery and in infants who are small for gestational age. Pemphigus is a chronic and potentially fatal disease and patients should be counseled accordingly. Bullous pemphigoid is usually less severe and can

resolve in 1 – 2 years. (16,17).

Case Study

Thirty-nine years old Yemeni woman patient had multiple severe itchy urticarial blisters or bullae skin eruptions in the abdomen, arms, palms, planter areas and back. (figures 1,2,3,4,5). She was pregnant in the third trimester. Skin biopsy is done and examined histopathologically (figures 6,7) and immunofluorescence findings (figures 8,9). She treated with oral antihistamines, steroids and acyclovir then topical steroids.

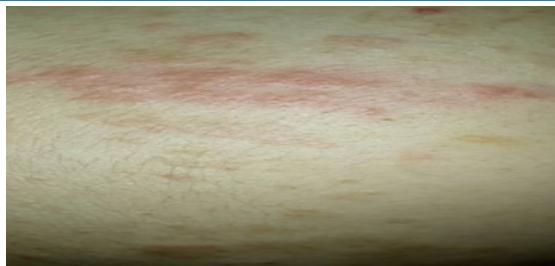


Figure 4: Urticarial Rash and Multiple Small Blisters or Bullae in the Abdomen.



Figure 1: Multiple Blisters or Bullae in The Planter Area



Figure 5: Multiple Blisters or Bullae in the Planter Area



Figure 2: Urticarial and Small Blisters or Bullae Skin Eruption in the Abdomen

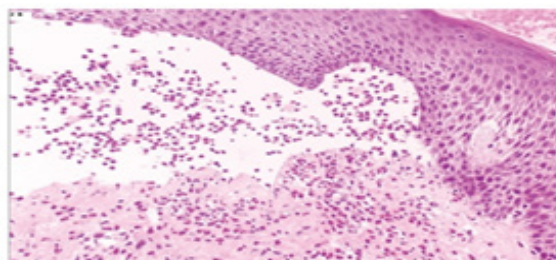


Figure 6: H&E, Subepidermal Bulla with Eosinophils



Figure 3: Urticarial Rash and Multiple Blisters or Bullae Skin Eruptions in The Abdomen

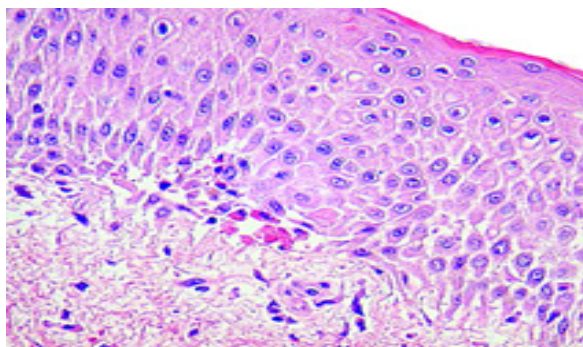


Figure 7: Perivascular Infiltrate of Lymphocytes and Eosinophils

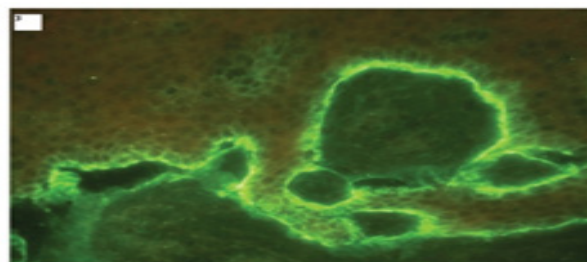


Figure 8: Igg Staining Linear Deposition

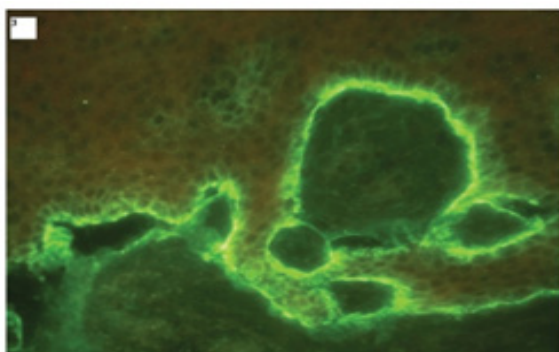


Figure 9: Pemphigoid Gestationis: Direct Immunofluorescence of Peri-Lesional Skin, Showing Linear Deposition of Complement (C3) Along the Bmz (X40)

Discussion

Pemphigus and pemphigoid are rare autoimmune blistering diseases of the skin and/or mucous membranes. Pemphigus affects the outer of the skin (epidermis) and causes lesions and blisters that are easily ruptured. Pemphigus foliaceus causes red to purple blisters to form most often on your back in groups that affect the outside layer of your skin. These blisters can easily spread to cover a large area of your skin. You want to avoid hard foods like chips, chunky peanut butter, nuts, crisp vegetables like raw carrots, and fruit. Other foods that can cause new mouth sores include spicy foods, steaming-hot foods, and acidic foods like tomatoes and citrus fruits (18-20). Today, the outcome looks good. For most people, the disease can be controlled with treatment. Many can eventually stop their treatment for a while. Before medicines like prednisone and azathioprine were used to treat pemphigus, a person lived about 5 years after getting pemphigus vulgaris, the most common type. Pemphigus is characterized by shallow ulcers or fragile blisters that break open quickly. Pemphigoid presents with stronger or “tense” blisters that don't open easily. Those with pemphigoid are also more likely to have hot, red and itchy hive spots. To confirm the diagnosis, your doctor may order blood tests and take a small sample of the affected skin (skin biopsy) for laboratory testing. Most cases are mild and do not require treatment. Severe cases are rare, and can increase the risk for infection, fluid loss, and electrolyte abnormalities. PG is associated with premature delivery; however, data does not suggest that there is an increased risk for death of the baby (21-23).

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