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CASE REPORT ON PEMPHIGUS VULGARIS

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Abstract
Pemphigus vulgaris is an uncommon, potentially fatal, autoimmune disorder characterized by intraepidermal blisters and extensive erosions on apparently healthy skin and mucous membranes. It usually occurs in middle-aged patients, with very rare reports among children (0.5-3.2 cases per 100,000 population). The exact etiology is not known, it's supposed to be the genetic tendency coming in contact with environmental triggers, like chemicals or drugs, leading to production of autoantibodies against desmosomes.
A 75-year-old female patient came with complaints of itching all over the body with acute onset of blisters on lips, trunk and limb for 2 months. The patient had no previous history of medications. On examination, the patient had multiple bullous lesions and erosions on lips, oral mucosa, trunk and limbs. All lab parameters were found to be normal and the skin biopsy reflected lack of epidermal cohesion specific for pemphigus vulgaris. The patient was managed with corticosteroids, immunosuppressants, anti-histamines, antibiotics and discharged once she was symptomatically better.
Most patients are initially misdiagnosed and improperly treated for months or even years. Physicians must be sufficiently familiar with clinical manifestations to ensure early diagnosis and rational treatment, since it determines the prognosis and course of the disease.

Keywords: Pemphigus vulgaris, desmosomes

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BEHCET'S DISEASE (SILK ROAD DISEASE): A RARE AUTOIMMUNE DISORDER

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Abstract
Behcet's disease (Silk Road disease), a rare autoimmune multisystem inflammatory disorder characterised by recurrent oral and genital ulcer, relapsing uveitis, mucocutaneous, articular, gastrointestinal, neurological & vascular manifestations, with no cure. A 55-year-old male patient was admitted with C/o joint pain in lower limbs, oral ulcer and scrotal ulcer. On physical examination the patient was conscious and oriented with B/L ankle joint effusion. All Lab investigation including RA factor was normal, with decreased Serum vitamin D. HLA B51, ANA were checked and oral mucosal biopsy was done. The earliest sign showcased was oral erosion, multiple shallow ulcer and few eroded nodules in the scrotum. Then the patient presented with joint pain and numbness on right leg. On neurological examination, an abnormal motor nerve conduction observed with right tibial neuropathy. Initially, suspicion with syphilis and tarsal tunnel syndrome and after 7-8 days of admission, diagnosed as Behcet's disease based on dermatological, rheumatologic and neurological manifestations. Treatment given was symptomatic and supportive with pain relievers, corticosteroid, antibiotics, IV fluids, PPI, vitamin supplement, laxative and local anaesthetic. Without adequate knowledge it's difficult to diagnose, due to rarity and standardized treatment protocol are controversial at present.

Keywords: Behcet's disease, ulcers, joint pain, neuropathic pain

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