Lesões Inguinais Vesicobolhosas Recorrentes numa Criança

Recurrent Vesiculobullous Lesions in a Child's Groin

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Acta Pediatr Port 2017;48:276-7

A healthy 5-year-old boy presented with a three-month history of recurrent episodes of pruritic vesiculobullous lesions predominantly in the genital and inguinal areas. Clinical examination revealed a linear distribution of vesicles, bullae, papules and erosions in the retro-auricular region and upper trunk. In the genital and inguinal areas the lesions had an annular and herpetiform conformation (Fig. 1). Skin biopsy revealed numerous subepidermal blisters with a mixed inflammatory infiltrate (Fig. 2). Direct immunofluorescence showed linear deposits of immunoglobulin (Ig) A throughout the basal membrane zone (Fig. 3). In view of these findings a diagnosis of linear IgA bullous dermatosis (LABD) was established. The patient was treated with sulfasalazine (35 mg/kg/day), but recurrent outbreaks were seen, and so colchicine (1 mg/day) was added, which was well tolerated. After one year of treatment, the patient remains asymptomatic.

Figure 1. Genital and inguinal areas with erosions and vesicles on erythematous skin with an annular conformation (crown of jewels conformation).

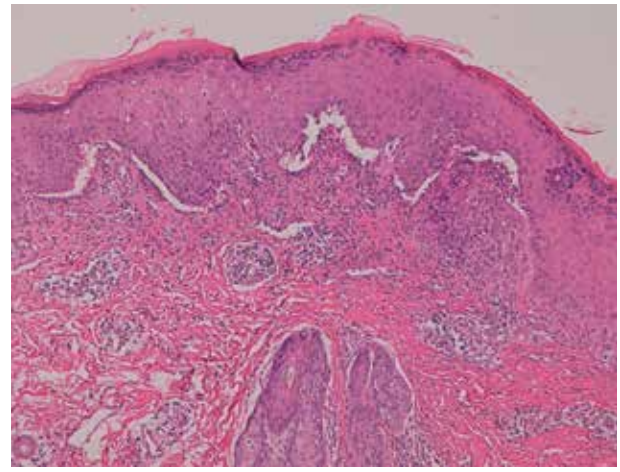

Figure 2. Subepidermal blister with a mixed inflammatory infiltrate, predominantly neutrophils and eosinophils (haematoxylin-eosin staining, x100).

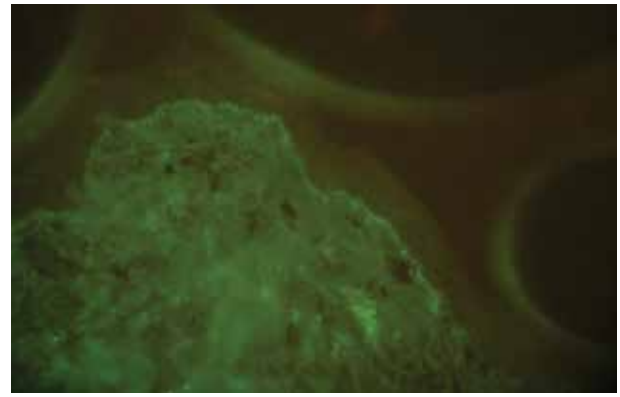

Figure 3. Linear deposits of IgA throughout the basal membrane zone (original magnification x20).

LABD, also known as chronic bullous disease of childhood, is a rare immune-mediated vesiculobullous disease.[1] In children, the peak incidence is at 4-5 years of age and it rarely persists after puberty. Although spontaneous remission can occur, most cases require treatment. The first-line treatment is dapsone or sulfapyridine.[1,2] In selected patients, oral prednisone or another corticosteroid-sparing agent such as colchicine may be used to achieve complete control of the disease.[3,4]

Palavras-chave: Criança; Dermatose bolhosa IgA linear/tratamento e diagnóstico

Keywords: Child; Linear IgA Bullous Dermatosis/diagnosis and therapy

WHAT THIS CASE TEACHES

- The presence of tense bullae and vesicles on normal or urticarial skin in the anogenital region, perineum and lower abdomen should raise suspicion of linear IgA bullous dermatosis.
- Diagnosis relies on histology and direct immunofluorescence.
- Spontaneous remission can occur, but most cases require treatment with dapsone or sulfapyridine.

Conflicts of Interest

The authors declare that there were no conflicts of interest in conducting this work.

Funding Sources

There were no external funding sources for the realization of this paper.

Protection of human and animal subjects

The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

Confidentiality of data

The authors declare that they have followed the protocols of their work center on the publication
of patient data.

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Received: 01/11/2016
Accepted: 25/03/2017

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