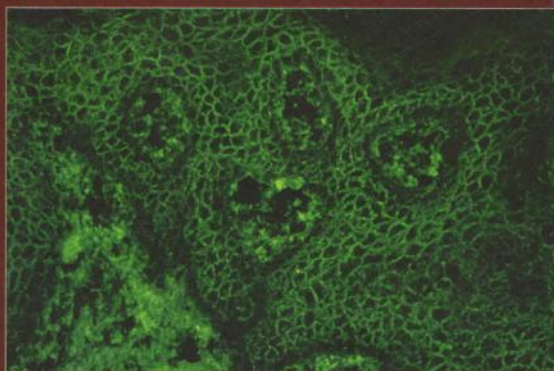
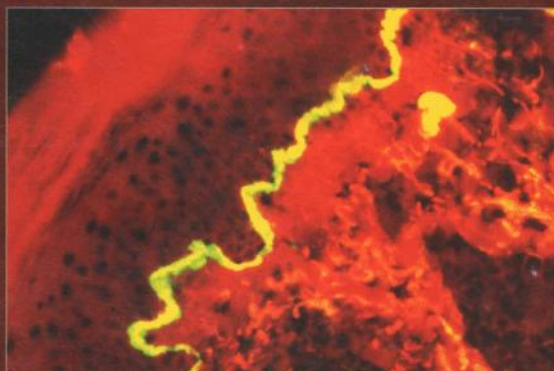


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Bullous DISEASES

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CASE REPORT

Pemphigus vulgaris induced by vitamin B12 (cyanocobalamin): a case report

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Introduction

Pemphigus is an intraepidermal autoimmune blistering disease, mediated by autoantibodies reacting against surface antigens on epidermal cells belonging to the desmosomal cadherin family of adhesion molecules. Two main variants of pemphigus exist, namely pemphigus vulgaris and pemphigus foliaceus, characterized by antibodies against desmoglein 3 (130 kDa), and desmoglein 1 (160 kDa), respectively. The exact pathogenetic mechanisms of pemphigus are not clear, but it is known that genetic predisposition with increased expression of some major histocompatibility (MHC) genes play a role in the induction of this autoimmune disease.^{1,2} Although the large majority of pemphigus cases occur without any identifiable precipitating event, there is a subgroup of patients who develop pemphigus in relation to various exogenous and endogenous factors: UV exposure, burns, X-rays, drugs, chemicals, foods, emotional stress, viruses, malignancies, etc.³⁻¹¹ This has led to the recognition of induced pemphigus as a separate variety, which results from the complex interaction between an immunogenetic background (the soil) and exogenous stimuli (the seed).¹² Among the environmental factors drugs occupy a crucial place due to the growing list of reports on one and the same medication being suspected to induce the disease, as well as to the results of experimental studies, shedding light on the mechanisms of in vitro drug-induced acantholysis and the nature of autoantibodies in drug-induced cases.¹³⁻¹⁵

We present a case of pemphigus in a patient with pernicious anemia, in whom the disease started and later aggravated following administration of vitamin B12.

Case report

A 56-year-old Caucasian woman with a history of pernicious anemia since the age of 52, was treated in 1986 with a single dose of vitamin B12 1000 mcg i.m. A week after the application she developed erosions in the mouth and blisters over

the body. The diagnosis pemphigus vulgaris was made and the patient was treated with triamcinolone with complete clearing of skin and mucosal lesions after a month. In April 1988 a relapse of pemphigus occurred after a second course of treatment of anemia with vitamin B12, 1000 mcg. The patient was again successfully treated with triamcinolone, but in the course of the steroid treatment she developed Cushing syndrome, steroid diabetes and arterial hypertension. In December 1989 a severe relapse of pemphigus followed another application of 1000 mcg vitamin B12 and the patient was admitted to the Department of Dermatology in Sofia. The whole body, face, and the mucous membranes were involved. The physical examination at admission revealed few flaccid bullae and large erosions with positive Nikolski's sign over the trunk, face and scalp (Fig.1). Laboratory findings were within normal limits, except for slightly elevated erythrocyte sedimentation rate (32 mm/h). The histological examination of a biopsy specimen from the

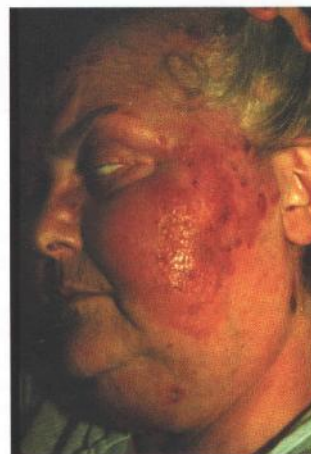


Fig.1 Large erosions over the face skin and the scalp.