

MUCOUS BULLOUS PEMPHIGUS ASSOCIATED WITH PARACOCIDIOIDOMYCOSIS – APPROACH OF A CLINICAL CASE

CAROL CARDOZO BISSI^{1*}, WASHINGTON RODRIGUES CAMARGO²

1. Undergraduate student of Dentistry, Faculty Ingá; 2. DDS, PhD by the Faculty of Dentistry of Bauru, University of São Paulo, Professor of Bachelor Degree Dentistry, Faculty INGA.

* Morangueira Avenue, 6104, Maringa, Parana, Brazil. ZIP CODE: 87035-510. prof.washingtoncamargo@uninga.edu.br

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ABSTRACT

The etiology, pathogenesis, clinical characteristics and treatment are different both in mucous bullous pemphigus and in paracoccidioidomycosis (Pcm). Stands out, in the dental practice, the fact that it can simultaneously be part of a clinical picture of a patient. The woman, 61 years old, residing in a rural area in the northwest of Paraná, with widespread ulcerations in the mouth, noted pain symptoms, and medical history of hypertension frame, depression and multiple previous drug treatments. With consequent surgical-estomatological treatment, was held a biopsy, resulting the pathology report of Mucous Bullous Pemphigus associated with Paracoccidioidomycosis. It was proceeded a drug therapy aimed at the cure of the first lesion and a forwarding to the Pulmonologist, considering that the second injury has its primary source in the lung. It is noteworthy that both diseases require treatment time to obtain resolution of the pathological processes.

KEYWORDS: Mucous Bullous Pemphigoid; Paracoccidioidomycosis; autoimmune disease; granulomatous disease.

1. INTRODUCTION

Pemphigus Bullous Mucoso ((Pbm) is an autoimmune disease^{1,2,3,4} fleeing the conventional control diagnosis. The complexity therapeutic, making it difficult to deal with the prognosis that can be good for curing and be bad in relation to the fact that there will be periods of remission and exacerbation of the disease; and also have side effects that can lead to other complications due to weakness of the patient and secondary infections^{4,5}.

In Pbm IgG immunoglobulin reacts against desmoglein type III is a glycoprotein of desmosomes, which promotes the connection between cells. Once the desmosome being hit by the antibody, it falls apart causing acantholysis and these cells will be separated from neighboring cells will be engaged by the resulting liquid separation between them where the clinical feature of

pemphigus will be observed that there is a bubble^{2,4,5}.

Whereas this fluid collection will be broken, will have exposure connective tissue that will be one of aggravating already cited^{3,7}.

This condition is more aggressive is the fact that they are both associated with another disease. Considering that this disease the Pcm will result in an association where a chronic and insidious disease process aggravate entire therapeutic procedure.

The Pcm reveals a picture that involves addition of the oral mucosa lympho-hematogenous the spread of the fungus to other organs, mainly and normally the lungs⁵, which is diagnosed in time, it and having a prolonged treatment the prognosis is favorable⁷.

Because the pathogenicity of *Paracoccidioides brasiliensis* fungus in the pulmonary involvement, there will be granulomatous lesions, characterized by the involvement of the fungus by the defense cells, like macrophages, giant cells, epithelioid cells, showing the chronic nature of this aggression where there will be continuity of Pcm to be aborted by drug treatment⁸.

This granulomatous disease is endemic in the northwest of Paraná⁹ affecting mainly individuals who are involved in the countryside. The fungus has its habitat on earth, and when the airways invades the host, there will be established that one infection at a time of low immunity will be established disease, where the fungus will become aggressive causing morbidity of the case. Men are mainly affected; not women, because they possess a hormone estradiol, which prevents budding fungus which establishes the disease and its aggressive development⁷.

These injuries can be framed, the pemphigoid in any genre in the Pcm male and the female when it reaches menopause. Both are independent of ethnicity, and may be located in the oral region and the Pbm extended dermatologically and Pcm primarily lung^{7,1}.

When addressing this clinical study highlights the existence of Pbm and Pcm simultaneously on the patient and the environment in the dental practice and the multi-

disciplinary treatment of doctor and dentist.

2. CASE REPORT

Female patient, 61 years old, leucodermic, residing in a rural area in northwestern Paraná State, referred by a physician for diagnostic evaluation and treatment, according to him, a leukoplakia in tongue, buccal mucosa and lip lower, four years ago (Figure 1). Forwarded the Dental Clinic of the Faculty Inga, to dental assistance, for the patient reported that at the beginning the lesion appeared, lasted a while and disappeared to almost disappear. In addition, he has made several medical examinations, and used them Zinnat and Bactrim medication for 30 days and did not feel improvement. According to his words, these lesions began with a very bad cold, fever and nervous breakdown and never completely disappeared.



Figure 1. Clinical aspect of the lesion on the right jugal mucosa.

The patient presented packaging of drugs (losartan and hydrochlorothiazide) that was in her handbag reporting know why its continued use, for ten years. In recent days, for self-medication, because of pain, used spray hexamedin, drops of tetracaine and finally Gentian Violet.



Figure 2. Clinical aspect of the lesion on the left jugal mucosa.



Figure 3. Clinical details of the injury in photographic approach.

Even after 30 days, when the patient reported that took Bactrim, the Emergency Unit reported that it continued making use of sulfa. In clinical examination, there were generalized ulcers in the oral mucosa associated with painful state (Figure 2, 3 and 4). There was an obvious confusion in an attempt to frame the patient explain what happened to her, what and how used his drugs.



Figure 4. Presence of ulceration in tongue.

A biopsy was performed on the buccal mucosa and the right side of the tongue (data not shown). The report was inconclusive, linked to the observation of the pathologist who showed intense presence of lymphocytes, and ulceration and with the absence of neutrophils, was routing to an autoimmune disease. Due to be all ulcers had no way of associating the supporting tissue with the tissue lining.

Based on the diagnosis, started a drug treatment with corticosteroids, prednisone 20 mg, starting in two tablets every morning in the first five days, a tablet following twenty days and concluding half tablet in the past five days. There was a significant improvement of symptoms with clear patient satisfaction.

About 60 days after the first biopsy, it was decided

by a second in the face now have areas with coating fabrics and less ulcerations. This time the result of microscopic examination was pemphigoid associated with Pcm.

It was prescribed again and likewise the corticosteroids and the patient were referred to a pulmonologist for evaluation of infection, and as a result can be established, a multidisciplinary approach aimed at healing of oral and lung injuries.

3. DISCUSSION

The Pbm and Pcm are pathological processes that lead to a state of prostration, just as in the presented patient, both the clinical picture, as the damaging and debilitating effects of the drugs and in use. First the important clinical pemphigoid with generalized ulceration of the oral cavity and secondly, by suspected of having lung lesions from fungal infections which lead to a weakened state.

She knew from the Pcm in patients after diagnosis of the pathology lab report because, until now, the vision therapy was concentrated in pemphigoid. Considering its simplicity and financial condition, has made up the assistance with the pulmonologist of Regional Emergency Unit, where the disease was confirmed by radiographic evaluation, beginning by the doctor systemic treatment.

This diagnosis of PCM is derived from his residence always be in rural areas and have the age of 61 years. These data reinforce the thought in favor of the disease, therefore, the etiological agent has its habitat in the soil and pulmonary route reaches the host becoming infectious by falling immunity. The female hormone estradiol prevents the budding of PB preventing the disease, but the age of the patient reveals that his estrogen rate is not enough to protect it physiologically. It is clear that other factors are determining factors for the development of injury such as the reduction of estradiol appears to be one.

The pemphigoid reinforced by being associated with the state of stress in which the patient reported having depressive episodes, and can be triggered by several drugs, of which it makes use of sulfonamides and losartan¹².

Neville (2004)⁴ and Regezi (2000)¹⁰ suggest a derivative of Sulfa in order to be used as an alternative therapeutic agent for pemphigoid, but we must consider that this is a stimulant drug that autoimmune injury⁵.

Medicines available to the Emergency Units for the treatment of Pcm are based on Sulfa drugs, drug this it might not be available to the patient therefore exacerbate their oral lesions, a fact, resultant from the prescribing of pulmonologists, Itraconazole by taking one capsule after lunch for 12 months.

Can relate to Munchausen Syndrome^{11,12} to report the case, first by the ratio of the drugs presented, Bactrim,

Zinnat, Losartan, hydrochlorothiazide, hexomidin, citalopram, tetracaine and Gentian Violet, then the report with some precision diseases and symptoms had. Unlike other patients, it does not alienated any biopsy request, which would be normal to expect a seizure board and curious to know the result. A representative given to this thought is to condemn the Bactrim be able to be associated to their ulcerations in the mouth and the same make and not report us, that is, seems to be willing to cause lesions.

4. CONCLUSION

In a review can be concluded need of treatment of patients with Pbm, especially where a clinical generalized ulceration of the oral cavity is shown, where it gives rise to painful symptomatology with consequent difficulty for the state of weakness and lack of nutrition.

Emphasizes the complexity of giving likely diagnoses, because in clinical view ulcerations can be framed in pemphigoid, pemphigus vulgaris, erosive lichen planus, erosive candidiasis, allergic reactions or trauma. Added to the fact that history is always subjective, making it difficult to select or understand the information provided when not clear the patient.

Biopsy in ulcerative lesions implies the difficulty between the surgeons does not have the perspective of the pathologist and the other way around. That is, the surgeon would have to think to remove the fragment is no need to have fabric covering and support and the pathologist would have to think about the difficulty of the surgical procedure which would produce inconclusive results.

We point out that, as with the pathological diagnosis in hand, the operation of the treatment becomes feasible, because it is almost exclusively laboratory and continuous drug, with the possibility of hospital medical care due to granulomatous disease picture sue about a year or more for its resolution; the pemphigoid may require months to display periods of remission and exacerbation.

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