

OLGU BİLDİRİLERİ

A Case of Herpes Gestationis

BİR HERPES GESTATIONIS OLGUSU

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SUMMARY

Herpes gestationis a rare pruritic condition of pregnancy. Here in an 18-year-old primigravide patients is presented who developed tense vesicles and bullae on her abdomen, back and extremities.

Key Words: Herpes gestationis

T Klin Dermatoloji 1996, 6: 83-84

Herpes gestationis is a pregnancy specific intensely pruritic dermatosis that is characterized clinically by erythematous and edematous papules, tense vesicles or large bullae. The lesion are often symmetrically distributed over the abdomen, back, buttocks and arms (1-3). Its incidence being more accurate (4-7). It usually begins in the second or third trimester of pregnancy and resembles bullous pemphigoid seen in elderly patients. Accompaniment with gestational trophoblastic disease has also been reported (2). Exacerbations and remissions throughout pregnancy are common. Up to eighty percent of women suffer postpartum exacerbations. Etiology of herpes gestationis is unknown. A markedly increased incidence of HLA-DR3 and HLA-DR4 antigen may show an inherited predisposition (2).

CASE REPORT

An 18-year-old patient developed erythematous papules, tense vesicles and bullae during second

Geliş Tarihi: 25.01.1996

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¹ This case report was presented as a poster in First Clinicopathological Colloquium in Ankara, Turkey (15-17 September 1995)

T Klin J Dermatol 1996, 6

ÖZET

Herpes gestationis gebelikte nadir görülen ileri derecede kaşılılı bir lezyondur.

Burada 18 yaşında bir hastanın ilk gebelik sırasında vücutundan gergin vesiküler ve büllerin gelişimi ile seyreden *herpes gestationis* olgusu sunuldu.

Anahtar Kelimeler: Herpes gestationis

T Klin J Dermatol 1996, 6: 83-84

trimester of her first pregnancy (Figure 1). She responded well to oral prednisolone at an initial dose of 60 mg/day and the drug was tapered gradually as the lesions began to heal. She gave birth to a healthy baby at term. Systemic prednisolone treatment was continued for two months after delivery. No recurrence was noted during her first year of follow-up. Histopathologic examination showed intracellular edema, eosinophilic spongiosis and a colloid body formation within the epidermis. There was subepidermal cleft and bulla formation. There were eosinophils within and around the bullae. Many eosinophils, few neutrophils and nuclear dust were seen within dermal papilla and perivascular spaces (Figure 2). Immunohistochemistry showed no staining with Ig G but focal deposition of C3 in the basement membrane zone at the dermal epidermal junction and intercellular spaces of epidermis (Figure 3).

DISCUSSION

Herpes gestationis can be confused clinically with other pruritic dermatoses of pregnancy and also with diseases that occur coincidentally during pregnancy(5). Pruritic urticarial papules and plaques of pregnancy (PUPPP) in an extremely pruritic eruption that begins late in pregnancy on the abdomen. But there are no immunoreactants at the basement membrane zone of



Figure 1. Tense vesicles and bullae on the abdomen, back and extremities



Figure 2. A pronounced inflammatory infiltrate is present within and around the subepidermal bullae. HEx 80

skin in these patients and histopathology of lesions is dissimilar (8). In dermatitis herpetiformis deposits of IgA are present perilesional and normal skin while linear deposition of C3 and/or IgG at the dermal epidermal junction is present in herpes gestationis. In erythema multiforme immunoreactants when present are localized to the superficial blood vessels(9).

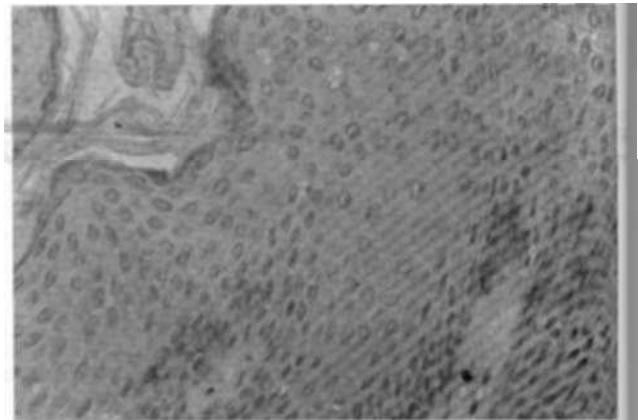


Figure 3. C3 deposition at the perilesional basement membrane zone with immunohistochemical staining x800

The clinical, histopathological and immunological finding of bullous pemphigoid are similar with herpes gestationis. Immunoblothing studies have shown that herpes gestationis sera recognize a 180-KD epidermal antigen while bullous pemphigoid sera most often detect a 220-240 KD epidermal antigen suggesting immunologic similarities between two diseases(4,6,7).

Our patient was young and she was pregnant. After parturition her lesions were completely resolved and she was in remission during her first year of follow up. This is case of herpes gestationis regard to her clinical, histopathological and immunological findings.

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