

Infection

Infectious-bacteria

When bullae rupture, bacteria from the skin and environment may enter at these vulnerable sites, causing infection.

Nikolsky Positive

Nickel-ski Positive

A positive Nikolsky sign indicates that when bullae are lightly touched, the superficial layers of skin separate from basolateral membrane, facilitated easy rupture.

Diagnosis

Biopsy showing Autoantibodies

Biopsy-needle showing Ant-tie-body

Skin biopsy demonstrates autoantibody immunofluorescence surrounding the keratinocytes with a “net-like” pattern.

Treatment

IVIG and Plasmapheresis

Ivy-gold-goblin and Plasma-fairy

Administration of IVIG helps to suppress inflammation, with its effect lasting 2 to 3 months. The mechanism of action is unknown, but may involve binding the patient’s autoantibodies to prevent them from binding desmosomes. Plasmapheresis involves removing and replacing the patient’s plasma with donor plasma that does not contain the autoantibodies. Both treatment modalities help to prevent inflammation, infection, and fluid loss.

Oral Steroids

Steroid-stairs

Because Pemphigus Vulgaris is an autoimmune condition, treatment is directed as suppressing the patient’s immune system to prevent further exacerbation of the condition. Moreover, inflammation is left behind after bullae rupture. Therefore patients may be treated with oral steroids, or other immunosuppressants, such as Rituximab, Mycophenolate, Azathioprine to suppress the immune system and alleviate inflammation.

Immunosuppressants

Moon-suppressed

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