

**Crispian Scully** 

# Aspects of Human Disease

This series outlines, briefly, the clinical presentation, diagnosis and management of a further 20 chronic medical problems which are most common and important in the developed countries, but space also precludes coverage of acute infections and most malignant disease.

# 45. Vesicullobullous disorders

Damage to proteins that bind epithelial cells one to another, or to the epithelial basement membrane, can lead to blistering diseases of the skin and/or mucosae; these are termed vesiculobullous disores. Most are acquired autoimmune disorders, and pemphigoid and pemphigus are the most important.

# Pemphigoid

Mucous membrane pemphigoid (cicatricial or ocular pemphigoid) is a group of subepithelial immune autoimmune blistering diseases with autoantibodies directed to different epithelial basement membrane proteins, causing loss of attachment of the epithelium to the connective

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tissue, and blister formation.

# Clinical features

- Intact mucosal vesicles or bullae are frequently seen.
- The gingivae are often affected by 'desquamative gingivitis'.
- Scarring is a serious complication in the eyes, larynx, oesophagus or genitalia.

#### Diagnosis

■ The diagnosis must be confirmed by biopsy and immunostaining.

#### Management

- If there is suspicion of ocular involvement, an ophthalmological referral is essential.
- Other lesions can often be controlled by dapsone or topical corticosteroids.

#### **Dental aspects**

Orofacial manifestations are as described above.

#### **Pemphigus**

Pemphigus is an uncommon potentially fatal autoimmune reaction against proteins in stratified squamous epithelium. Autoantibodies in the common form (pemphigus vulgaris) are directed

against desmoglein-3 of intercellular attachments (desmosomes) of epithelial cells.

# Clinical features

- Pemphigus is characterized by widespread intra-epithelial vesicles and bullae frequently first appearing in the mouth.
- The blisters rupture and, in the absence of treatment, pemphigus is usually fatal.
- Stroking the skin or mucosa with a finger may induce vesicle formation in an apparently unaffected area or cause a bulla to extend (Nikolsky's sign).

# Diagnosis

Diagnosis is confirmed by biopsy and immunostaining.

### Management

- Patients should be under the care of a physician.
- Systemic corticosteroids plus a steroidsparing agent such as azathioprine, or mycophenolate mofetil are typically needed.

#### Dental aspects

 Orofacial manifestations are as described above.

March 2010 Dental Update 129