Konishi et al have demonstrated induction of bullous pemphigoid by Western Blot analysis of circulating antibodies against BP 180 and BP 230 antigen which lead them to propose that some of the lesions occurring in bullous scabies are true bullous pemphigoid.

Bornhovd et al postulated persistence of parasites as cause of TH2 cells activation with increased IL5 and eosinophils secretion of proteolytic enzymes near BMZ (basement membrane zone) producing bullae formation. The exact mechanism for bullae formation is not known and further studies need to be done to explain the pathogenesis of bullous scabies. In a patient with itchy, vesiculobullous lesions, burrows should be looked for, as they are seen in majority of cases of bullous scabies.

REFERENCES


history suggestive of photosensitivity. Examination revealed pallor, edema, and tense bullae over normal appearing skin of the face (Figure 1) and lateral aspect of the neck. Nikolsky’s sign was negative and there were no oral lesions.

Both the patients were subjected to hematological and biochemical investigations and histopathological study (Table 1). Direct immunofluorescence could not be done because this facility was not available.

On the basis of the above findings, a diagnosis of bullous SLE was made. Both the patients were treated with dapsone 100 mg orally once daily. The maculopapular rash disappeared within 3 days of institution of therapy in the first patient, and the bullae started regressing by the 7th day. Ultimately, the lesions healed with residual hyperpigmentation. However, in the second patient, the bullous lesions did not respond till the 15th day and regressed very slowly thereafter, showing complete resolution with hyperpigmentation by the 45th day.

Bullous systemic lupus erythematosus is a rare condition, with an incidence of 0.2 per million. It predominantly affects young adult females. Tense bullae appear predominantly over the face, neck and upper trunk. Oral ulcerations, photosensitivity and glomerulonephritis may be associated. The target antigen is type VII collagen, but at times other antigens may be involved.[1,2]

Clinically similar, dermatitis herpetiformis and bullous pemphigoid can be differentiated by direct immunofluorescence. Bullous lesions in SLE due to photosensitivity, acute lupus or drugs can be differentiated by both histopathology and immunopathology. Epidermolysis bullosa acquisita (EBA) is histopathologically and immunopathologically identical since both diseases are mediated by circulating antibodies against type VII collagen. However, a dramatic therapeutic response to dapsone in bullous SLE differentiates it from EBA.[5]

Both of our patients were young adult females having lesions predominantly in the head and neck region which is consistent with the reports of other authors.[1,2,4] Both had renal abnormalities and both of them responded to dapsone.

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Announcement

Contact and Occupational Dermatoses Forum of India (CODFI) Fellowships

Contact and Occupational Dermatoses Forum of India is offering two fellowships in “Contact Dermatitis and Patch Testing” in the year 2005. The applicant must be a qualified dermatologist (Degree or Diploma in Dermatology and Venereology). Preference would be given to candidates below 40 years and working as faculty or senior resident in a teaching institution. The fellowship comprises an award of Rs. 5000/- only and selected candidates need to make their own arrangement for travel and stay. The candidates can train for 4 weeks at any of three centers listed below:

Dr. V. K. Sharma, Professor and Head, Department of Dermatology and Venereology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi - 110 029. Email: aiimsvks@yahoo.com

Prof. C. R. Srinivas, Department of Skin and STD, PSG Hospitals, P.O. Box 1674, Coimbatore - 641 004.

Prof. A. K. Bajaj, Bajaj Skin Clinic, 3/6 Panna Lal Road, Allahabad.

The application along with biodata (2 copies) and copy of M.D. Dermatology certificate should be submitted to Prof. V.K. Sharma, Head, Department of Dermatology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi. Candidates are required to submit a 200-word write-up justifying award of fellowship. Last date of receipt of application is 31.03.05. Successful candidates would be informed by email.