Pemphigoid Gestationis and the Small for Gestational Age Foetus: A Case Report

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Background

Phemphigoid Gestationis (PG) is a rare, autoimmune disease which presents clinically as an intensely itchy, urticarial-like rash with plaques or bullous blistering[1]. It occurs in approximately 1 in 50,000 pregnancies and typically develops in the second or third trimester over the trunk and extremities, with facial and mucosal sparing[2]. Risk factors for PG include older age, Caucasian ethnicity and multiple pregnancies.

PG is commonly associated with premature delivery or small for gestational age (SGA) foetuses. This is thought to be due to autoimmune antibodies affecting the placenta[3]. In about 10% of affected cases trans-placental transfer of PG factor from the mother to the foetus can cause transient blistering of the infant which spontaneously resolves[1]. It is treated with antihistamines and steroids, with the focus on improving symptoms and preventing complications. After delivery, the lesions usually resolve within weeks to months, however there is potential for reactivation.

Case

A 37-year-old woman, G6P5 presented at 25+5 weeks gestation with a full-body itch and painful rash ongoing for a month, with facial and oral sparing. Her past medical history was unremarkable, and had never experienced this in prior pregnancies. The itch commenced around the abdomen before spreading to her extremities. She had normal basic bloods including FBC, LFT and bile acids and was treated with topical hydrocortisone. After minimal improvement she was referred to dermatology who diagnosed her with PG on a skin biopsy. She was also found to be double-stranded DNA and ANA positive. Her rash improved rapidly with diprosone ointment and general skin care measures including wet bandages, and had minimal itch at time of delivery. She was induced at 38+5 for SGA and sub-optimal interval growth. She delivered without complications, with baby weighing less than the 10th percentile and without clinical signs of PG. She is following up with her General Practitioner post partum.

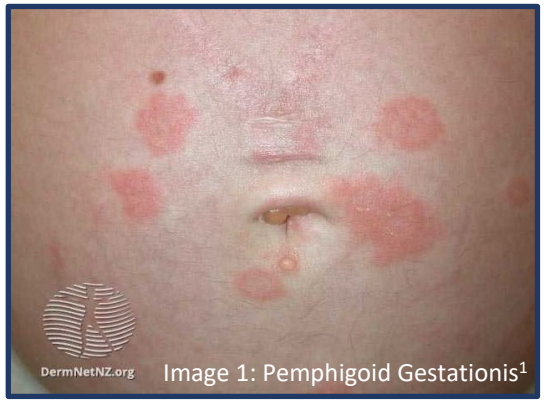

Image 1: Pemphigoid Gestationis[1]

Discussion

The diagnosis of Pemphigoid Gestationis is usually clinical, however a skin biopsy or blood test may be required to differentiate from other autoimmune or dermatological conditions including pruritic urticarial papules and plaques of pregnancy (PUPPP). This case was unique in that it demonstrates that PG can present for the first time in any pregnancy, including grand multiparity, and it is important to consider PG as a differential diagnosis when presented with an itchy rash in pregnancy. Once diagnosed, appropriate treatment was commenced resulting in a near resolution of the patients symptoms. Due to the emotional and symptomatic impact PG can have on mothers, patients should be informed of the natural course of the disease, the good foetal prognosis and be aware of the possibility of relapse with subsequent pregnancies, menstruation and with the use of hormonal contraception[4].

References

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