



CASE NOTES



Bullous Pemphigoid

By Helen Rawse

Bullous pemphigoid is a comparatively rare skin condition that causes large, superficial fluid-filled blisters on the epidermis and affects mainly the elderly. It is most notable on areas of the body subject to flexion although it has been noted on the legs and feet. It is an auto-immune idiopathic disease. The reason for this abnormal immune response is unknown, although it sometimes can be triggered by taking certain medications including furosemide, amoxicillin, ampicillin, phenacetin, penicillin, penicillamine, psoralen-ultraviolet-A light, and beta-blockers. Bullous pemphigoid can clear spontaneously in a few months but may take as long as five years to resolve. Treatment is usually symptomatic and may include corticosteroid medications, and other drugs that suppress the immune system. Bullous pemphigoid can be life-threatening, especially for older people who are already in poor health.



My patient is a 79 year old diabetic male. He attended initially on 8th November 2022 for routine foot treatment. I noted that he was prescribed multi-pharmacy consisting of T.Lactulous for constipation, T.Atorvastatin for hypercholesterolemia, T.Candesartan for hypertension, T.Pregabalin, Inh.Fostair for Chronic Obstructive Pulmonary Disease, T.Bisoprolol for hypertension, T.Finasteride for benign prostate enlargement, T.Gliclazide for Type 2 diabetes mellitus, T.Dapagliflozin for Type 2 diabetes mellitus, T.Lansoprazole to reduce stomach acid, T.Levothyroxine for underactive thyroid gland and T.Edoxaban as an anticoagulant.

Foot treatment was unrevealing and there was no known relevant family history of foot problems. Late in November 2022, the patient attended at his General Medical Practitioner practice with the complaint of red, swollen legs. The discolouration started in the groin, travelled down to the feet and had been present for some 14 days.

A single blister was noted on the back of the right knee. He was prescribed an anti-inflammatory cream for a viral infection. The cream had no effect.



Two weeks later blisters appeared on both feet. The client described the blisters as 'a tsunami.' (See photographs). Photographs were taken and shown to the GP; as a result, the client was referred to a hospital Dermatologist, who made an immediate diagnosis of Bullous Pemphigoid.

The blisters were burst and the wounds dressed. He was prescribed a course of antibiotics and steroids and visits from the district nurse were arranged every 2 days to redress the affected areas. At this time, blisters were noted

on both hands although the treatment generally appeared to be effective.

Once the blisters started to reduce, the antibiotics were reduced but the blisters returned. The hospital increased the dose of the drugs. The current medication is Dermatriad cream to use on the blisters. This can have side effects. Unsurprisingly, the patient complains of weak ankles and that the condition is a nuisance.



I saw my client again for a routine foot treatment on 2/5/23. The blisters had gone down but red patches with white tiny bubbles on the skin remained in the affected areas. I spoke to him on 23/5/23 and he complained that another blister had appeared on the Right leg. He is using the Dermatriad cream on areas where they become red, which he hopes will prevent further blistering from occurring. He has noted that his skin is now prone to bruising due to the steroids and has to use protection from the sun.

He has another appointment with the Dermatologist on 6/6/23 and I will be maintaining his foot care and observing his progress in the meantime.