1. Neonatal pemphigus in a neonate of a mother suffering from pemphigus vulgaris- A case presentation

Author(s): Kulkarni S.; Sahu P.J.; Patil A.; Madke B.; Saoji V.

Source: Journal of Clinical and Diagnostic Research; 2020; vol. 14 (no. 1)

Publication Date: 2020

Publication Type(s): Article

Available at Journal of Clinical and Diagnostic Research - from Europe PubMed Central - Open Access

Available at Journal of Clinical and Diagnostic Research - from Unpaywall

Abstract: Neonatal pemphigus is a transient, self-limiting entity featuring appearance of evanescent blisters in a neonate born to mother diagnosed with immuno-bullous blistering disorders. A case report of neonatal pemphigus born to a 30-year-old female with Pemphigus Vulgaris is being reported. Higher maternal antibody titre causing clinically evident blistering in neonate is not commonly reported. This report, thus, emphasises the need for diagnostic considerations and vigilant surveillance of neonatal pemphigus in neonates born to mothers with immunobullous disorders. Since the cases reported in the literature and the references assessed revealed that neonatal pemphigus is infrequent, but the understanding about the disease permits for an early diagnosis to be made. Copyright © 2020 Journal of Clinical and Diagnostic Research. All rights reserved.

Database: EMBASE
2. A case of neonatal pemphigus vulgaris with co-existing BP180 autoantibodies

Author(s): Fenner J.; Min M.S.; Liu S.; Silverberg N.

Source: Pediatric Dermatology; Jan 2020; vol. 37 (no. 1); p. 241-243

Publication Date: Jan 2020

Publication Type(s): Article

PubMedID: 31774569

Abstract:A male neonate was born with blisters on the trunk to a 37-year-old primigravid woman with a past medical history of recurrent, painful, topical steroid-responsive oral blisters. The diagnosis of neonatal pemphigus was made after the neonate and mother were found to have elevated desmoglein 3 (Dsg3) antibodies in conjunction with histopathologic features of pemphigus vulgaris. Interestingly, both neonate and mother also had elevated levels of BP180 antibodies, classically seen in bullous pemphigoid. This case is unique in that it portrays neonatal pemphigus, an already rare condition, complicated by the presence of BP180 antibodies.

Database: EMBASE

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3. Autoimmune bullous diseases during pregnancy: insight into pathogenetic mechanisms and clinical features.

Author(s): Feliciani, Claudio; Genovese, Giovanni; D'astolto, Roberto; Pontini, Paolo; Marzano, Angelo V

Source: Giornale italiano di dermatologia e venereologia : organo ufficiale, Societa italiana di dermatologia e sifilografia; Jun 2019; vol. 154 (no. 3); p. 256-262

Publication Date: Jun 2019

Publication Type(s): Journal Article Review

PubMedID: 30375213

Abstract:Pemphigoid gestationis (PG), also known as herpes gestationis, is the prototypic pregnancy-associated autoimmune bullous disease (AIBD), but also the other AIBDs, notably pemphigus vulgaris, may begin or exacerbate during pregnancy. Although the increase in concentration of T and B regulatory cells makes pregnancy a state of increased immunologic tolerance toward the semiallogeneic fetal antigens, a prevalent T helper (Th) 2 profile, that is reported to be associated with pregnancy, may cause exacerbation of pemphigus and AIBDs in general during this period. Active disease may lead to stillbirth, spontaneous abortion, preterm pregnancy, low birthweight, and neonatal pemphigus. PG is a rare AIBD usually starting during the third trimester of pregnancy and healing in the postpartum. It is due to the formation of autoantibodies directed against different epitopes of bullous pemphigoid (BP) 180 as a consequence of the aberrant expression of BP180 in the placental tissue of genetically predisposed women. PG is characterized by vesicles with herpetiform distribution, blisters and urticarial elements typically involving the periumbilical area and the distal portion of the upper limbs. Diagnosis is based on: 1) physical examination; 2) histopathological pattern consisting of a dermal inflammatory infiltrate rich in eosinophils; 3) direct immunofluorescence test demonstrating linear deposits of complement fraction 3 and immunoglobulin G along the basement membrane zone; 4) detection of circulating autoantibodies by means of indirect immunofluorescence or enzyme linked immunosorbent assay. Here, we provide an updated overview on the pathophysiologic mechanisms of pregnancy-associated or pregnancy-exacerbated AIBDs, focusing also on peculiar clinical features of these disorders.

Database: Medline
4. Polycyclic annular presentation of pemphigus vulgaris with an eosinophil predominance in two pregnant patients.

Author(s): Küçükoğlu, Rifkiye; Sun, Gizem Pınar; Kılıç, Sila

Source: Dermatology online journal; Oct 2018; vol. 24 (no. 10)

Publication Date: Oct 2018

Publication Type(s): Case Reports Journal Article

PubMedID: 30677814

Abstract: Pemphigus during pregnancy has a more complicated course owing to the limitations in treatment options and alterations in the severity and presentation of the clinical features. We would like to present two pemphigus vulgaris (PV) cases associated with pregnancy with an unusual clinical appearance exhibiting polycyclic, annular, vesiculobullous plaques with marked eosinophil infiltration in histopathology. To the best of our knowledge pregnancy-associated pemphigus cases with this particular clinical presentation have not been reported in the literature. Changes in the immunologic and hormonal state during pregnancy may play a role in altering the classic clinical presentation and treatment response of PV.

Database: Medline


Author(s): Kokolios, M; Lamprou, F; Stylianidou, D; Sotiriadis, D; Patsatsi, A

Source: International journal of women’s dermatology; Jun 2018; vol. 4 (no. 2); p. 109-112

Publication Date: Jun 2018

Publication Type(s): Case Reports

PubMedID: 29872686

Available at International journal of women’s dermatology - from Europe PubMed Central - Open Access

Available at International journal of women’s dermatology - from Unpaywall

Abstract: Pemphigus is a rare autoimmune disease during pregnancy. Among the different pemphigus types, pemphigus foliaceus (PF) is even rarer than pemphigus vulgaris. We present a case of PF in a 36-year-old female patient who presented with PF onset during pregnancy in the form of a disseminated, erythematousquamous rash. A diagnosis was made on the basis of histologic, immunofluorescence, and enzyme-linked immunosorbent assay results. A complete remission was recorded a month after steroid treatment initiation. The patient delivered a premature (33 weeks) but otherwise healthy baby girl. Only three cases of PF have been reported in two retrospective studies found in the English-language bibliography. Although pemphigus during pregnancy is a rare disease and treatment guidelines have not yet been elucidated, the management of these cases is individually evaluated. In all cases, the primary goal should be the control of the maternal disease along with the safety of the fetus.

Database: Medline
6. Sixteen-year history of rituximab therapy for 1085 pemphigus vulgaris patients: A systematic review

**Author(s):** Tavakolpour S.; Mahmoudi H.; Balighi K.; Abedini R.; Daneshpazhooh M.

**Source:** International Immunopharmacology; Jan 2018; vol. 54; p. 131-138

**Publication Date:** Jan 2018

**Publication Type(s):** Review

**PubMedID:** 29132070

**Abstract:** Pemphigus vulgaris (PV) is a rare autoimmune disease due to the production of pathogenic autoantibodies directed against desmoglein 1 and 3, usually affecting both skin and mucous membranes. Recently, rituximab, a chimeric IgG1 monoclonal antibody which targets the CD20 molecules have been regarded as a promising treatment for PV. In this study, a systematic review was conducted to conclude on how and which PV patients could benefit from rituximab infusion. Search in PubMed results in 114 relevant studies, which met the criteria. Total of 1085 PV patients with different conditions, including unresponsive childhood/juvenile or adult PV patients, women of childbearing age, those with chronic infections with the risk of reactivation have been evaluated. Although the majority of these patients well responded to rituximab, some of them did not respond, and the paucity of patients experienced exacerbation of disease. In addition to the rituximab monotherapy or its combination with conventional therapies, different novel combination therapies of rituximab with immunoadsorption and/or IVIg have shown promising results. Moreover, using rituximab as the first-line treatment has emerged recently. Pneumocystis carinii pneumonia and septicemia were found as the two fatal and serious adverse events associated with rituximab. Moreover, development or reactivation of herpes simplex and herpes zoster and cytomegalovirus should be warned. Similar to the adults, those with childhood and juvenile PV could be successfully treated with rituximab. Although rituximab seems to trigger reactivation of chronic infections, such as viral hepatitis and HIV infection, no related report was found. Administration of rituximab in approximately ten months before conception also was found safe and effective for a successful pregnancy. In conclusion, rituximab is very effective in adult and childhood/juvenile PV. However, there is a risk of not responding, exacerbation of disease and development of fatal infections. Moreover, it seems to be a promising first-line treatment for refractory PV. Copyright © 2017 Elsevier B.V.

**Database:** EMBASE
7. Rituximab treatment of pemphigus in women of childbearing age: experience with two patients.

**Author(s):** Lake, Eden P; Huang, Yu-Hui; Aronson, Iris K

**Source:** The Journal of dermatological treatment; Dec 2017; vol. 28 (no. 8); p. 751-752

**Publication Date:** Dec 2017

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 27796136

Available at The Journal of dermatological treatment - from EBSCO (MEDLINE Complete)

**Abstract:** Pemphigus vulgaris is an autoimmune blistering disorder treated with systemic steroids and immunosuppressive agents. Treatment of this disorder in young women of childbearing age must take into consideration the patient's desire for pregnancy and effects of the treatment on both mother and child. We report two young women with pemphigus, initially treated with standard immunosuppressive medications, who expressed their wishes for pregnancy. The immunosuppressive agents were tapered and both patients were treated with Rituximab and IVIG, permitting discontinuation of other medications, conception and pregnancy without any oral steroids or immunosuppressive agents. Both patients maintained normal pregnancies and delivered healthy babies, supporting the use of this treatment early in the disease course of this population.

**Database:** Medline

8. British Association of Dermatologists' guidelines for the management of pemphigus vulgaris 2017

**Author(s):** Harman K.E.; Brown D.; Exton L.S.; Mohd Mustapa M.F.; Groves R.W.; Setterfield J.F.; Hampton P.J.; Yesudian P.D.

**Source:** British Journal of Dermatology; Nov 2017; vol. 177 (no. 5); p. 1170-1201

**Publication Date:** Nov 2017

**Publication Type(s):** Article

**PubMedID:** 29192996

Available at The British journal of dermatology - from Wiley Online Library

Available at The British journal of dermatology - from Unpaywall

**Database:** EMBASE

Author(s): Tavakolpour, Soheil; Mirsafaei, Hajar Sadat; Delshad, Saeid

Source: American journal of reproductive immunology (New York, N.Y. : 1989); Jan 2017; vol. 77 (no. 1)

Publication Date: Jan 2017

Publication Type(s): Journal Article Review

PubMedID: 27862562

Available at American journal of reproductive immunology (New York, N.Y. : 1989) - from Wiley Online Library

Abstract: Pemphigus can cause complications during pregnancy and may cause serious harm to a fetus. For this study, a comprehensive review of common treatments of pemphigus and their adverse effects associated with pregnancy and male fertility was conducted. We concluded that a period of remission with minimal or no therapy before conception could significantly reduce the risk of the disease flaring up, at least in the first trimester. The period of remission causes a delay in the flare-up of the disease, which means lower cumulative doses and the prevention of possible congenital abnormalities caused by corticosteroid or immunosuppressant treatments. All common treatments of pemphigus - azathioprine, mycophenolate mofetil, and methotrexate - should be avoided during pregnancy. However, it appears that systemic corticosteroids in a safe dose with a topical form of corticosteroids may be used without serious risk. Due to the lack of data associated with rituximab therapy, it is recommended that this drug be avoided 12 months before conception. It appears that the safest treatment of pemphigus is intravenous immunoglobulin (IVIg), which may be more effective when used with topical corticosteroids. Due to the delayed effect of IVIg, it should be used some months prior to conception.

Database: Medline


Author(s): Rangel, Javier

Source: The Permanente journal; 2016; vol. 20 (no. 1); p. e101

Publication Date: 2016

Publication Type(s): Case Reports Journal Article

PubMedID: 26824969

Available at The Permanente journal - from Europe PubMed Central - Open Access

Available at The Permanente journal - from Unpaywall

Abstract: The development of pemphigus, including pemphigus vulgaris (PV) and pemphigus foliaceus, during pregnancy is rare. PV manifests with mucosal and/or cutaneous erosions with flaccid bullae that are histologically characterized by suprabasilar acantholysis. In contrast, pemphigus foliaceus manifests with cutaneous-only involvement and superficial epidermal acantholysis. Enzyme-linked immunosorbent assay specific for autoantibodies against desmoglein 1 and desmoglein 3 aids in the diagnosis and differentiation between pemphigus subtypes. High-dose systemic corticosteroids are first-line agents in management of PV, yet their potential long-term use raises complex management issues associated with pregnancy and fetal risk. Here we report a rare case of cutaneous-limited PV in association with pregnancy.

Database: Medline

**Author(s):** Wan, Joy; Imadojemu, Sotonye; Werth, Victoria P

**Source:** Clinics in dermatology; 2016; vol. 34 (no. 3); p. 344-352

**Publication Date:** 2016

**Publication Type(s):** Journal Article Review

**PubMedID:** 27265072

**Abstract:** The treatment of rheumatic and autoimmune skin disease in women who are pregnant or of childbearing potential can present challenges to the dermatologist. We discuss the current approaches to treating lupus erythematosus, antiphospholipid antibody syndrome, dermatomyositis, morphea and systemic sclerosis, mixed connective tissue disease, rheumatoid arthritis, and autoimmune blistering disease in such patients. In the appropriate setting, topical and systemic corticosteroids, hydroxychloroquine, dapsone, azathioprine, and ultraviolet B phototherapy may be safely and cautiously used during pregnancy. Considerations about contraception, planned conception, therapeutic options, and disease control are paramount in optimizing pregnancy outcomes and minimizing risks to both mother and fetus.

**Database:** Medline

12. New Insights into the Management of Patients with Autoimmune Diseases or Inflammatory Disorders During Pregnancy.

**Author(s):** Tavakolpour, Soheil; Rahimzadeh, Ghazal

**Source:** Scandinavian journal of immunology; Sep 2016; vol. 84 (no. 3); p. 146-149

**Publication Date:** Sep 2016

**Publication Type(s):** Journal Article Review

**PubMedID:** 27300757

**Available at** Scandinavian journal of immunology - from Wiley Online Library

**Available at** Scandinavian journal of immunology - from IngentaConnect - Open Access

**Available at** Scandinavian journal of immunology - from EBSCO (MEDLINE Complete)

**Abstract:** The treatment of autoimmune diseases remains a serious problem. Current therapies can lead to adverse effects in patients. One of the most vulnerable patient groups is pregnant women. It has been reported that different autoimmune diseases have a certain trend during pregnancy and after delivery which could be explained by maternal immune responses. Better management of pregnant women with autoimmune diseases or inflammatory disorders could be achieved by linking such alterations in immune responses and governed immune responses in different autoimmune disorders while considering various reports of autoimmune conditions during pregnancy. This study considers changing the T helper cells (Th1) and Th2 balance and suggests some new approaches for the better management of autoimmune diseases in pregnant women based on immune responses. Additionally, the possible role of Th17, alterations in some selected autoimmune diseases including rheumatoid arthritis (RA), multiple sclerosis (MS), psoriasis, systemic lupus erythematosus (SLE), atopic dermatitis (AD), asthma and pemphigus during pregnancy, and possible associated mechanisms are discussed.

**Database:** Medline

**Author(s):** Vin, Harina; Seyfer, Sarah J; McClain, Colt M; Hsu, Sylvia

**Source:** Dermatology online journal; Jan 2016; vol. 22 (no. 1)

**Publication Date:** Jan 2016

**Publication Type(s):** Case Reports Journal Article Review

**PubMedID:** 26990471

**Abstract:** Pemphigus and pemphigoid are two unique acquired immunobullous diseases with distinct clinical presentations, histological findings, and characteristic serology; they are rarely reported to coexist in the same patient. Herein we present a 29-year-old woman with a history of pemphigus vulgaris, diagnosed by histology and positive desmoglein-3 antibodies on ELISA. She presented to our clinic shortly after the delivery of her first child with tense vesicles and bullae on an erythematous base on her abdomen. Biopsy was consistent with pemphigoid gestationis and direct immunofluorescence confirmed the diagnosis. To our knowledge, there are no other reported cases of pemphigoid gestationis occurring in a patient with pemphigus vulgaris.

**Database:** Medline


**Author(s):** Çayırlı, M; Tunca, M; Akar, A; Akpak, Y K

**Source:** Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; 2015; vol. 35 (no. 7); p. 747-748

**Publication Date:** 2015

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 25546519

**Database:** Medline


**Author(s):** Elmuradi, Sophia; Ojeda, David; Stoopler, Eric T

**Source:** Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC; Nov 2015; vol. 37 (no. 11); p. 951-952

**Publication Date:** Nov 2015

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 26629714

Available at Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC - from Unpaywall

**Database:** Medline

Author(s): Lin, Lin; Zeng, Xin; Chen, Qianming

Source: Saudi medical journal; Sep 2015; vol. 36 (no. 9); p. 1033-1038

Publication Date: Sep 2015

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article Review

PubMedID: 26318458

Abstract: Pemphigus is a group of immune-mediated bullous disorders, which often cause fragile blisters and extensive lesions of the skin or mucous membranes, such as in the mouth. This disease could be life-threatening in some cases. During pregnancy, its condition will become more complicated due to the change in the mother's hormone level and the effect of drug therapy on both the mother and her fetus. Thus, it will be more difficult to identify the clinical manifestations and to establish the treatment plan. In this article, we present a comprehensive review of pemphigus and pregnancy by analyzing 47 cases of pemphigus reported between 1966 and 2014, with diagnosis before or during pregnancy. The aim of this study is to make a comprehensive review of pemphigus and pregnancy, provide organized and reliable information for obstetricians, dermatologists, physicians, and oral medicine specialists.

Database: Medline

17. Pemphigus vulgaris in pregnancy.

Author(s): Salzberg, Kelsey W; Gero, Melanie J; Ragsdale, Bruce D

Source: Cutis; Oct 2014; vol. 94 (no. 4); p. 206-209

Publication Date: Oct 2014

Publication Type(s): Case Reports Journal Article

PubMedID: 25372257

Abstract: We report the case of a 34-year-old woman who was diagnosed with pemphigus vulgaris (PV) during pregnancy. The patient presented with widespread blistering dermatitis and associated burning and pruritus. At 6 weeks' gestation the patient was admitted to the hospital to expedite her diagnosis and initiate treatment. A skin biopsy revealed suprabasal acantholysis, and direct immunofluorescence demonstrated diffuse intercellular IgG in the epidermis and basal intercellular C3, which confirmed the diagnosis of PV. Treatment with corticosteroids was instituted after discussions with the patient about possible adverse effects to the fetus. Pemphigus vulgaris is rare in pregnancy and active PV presents potential threats of fetal spread and transient lesion production, which is associated with increased mortality and morbidity in the fetus. Our patient had active PV and required treatment throughout her pregnancy. The pregnancy progressed to premature delivery of the neonate without skin lesions or apparent complications.

Database: Medline
18. Pemphigus vulgaris in a neonate and his mother.

**Author(s):** Kodagali, Sheethal S; Subbarao, S D; Hiremagaloor, R

**Source:** Indian pediatrics; Apr 2014; vol. 51 (no. 4); p. 316-317

**Publication Date:** Apr 2014

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 24825277

**Abstract:** BACKGROUND Neonatal pemphigus is a rare, transient blistering condition due to transplacental transfer of maternal autoantibodies. CASE CHARACTERISTICS A male neonate born to a mother with oral pemphigus was noticed to have multiple lesions. OBSERVATION Multiple flaccid bullae were noticed on the face, scalp, trunk and extremities with clear fluid and few areas of erosions. OUTCOME All lesions resolved at the end of one week with conservative management. MESSAGE Maternal pemphigus may rarely involve her newborn infant; it resolves on its own.

**Database:** Medline

19. Pemphigus vulgaris in pregnancy associated with herpes virus type 1 infection.

**Author(s):** Gye, Jiwon; Nam, Chan Hee; Kim, Ji Seok; Kim, Jee Young; Park, Byung Cheol; Kim, Myung Hwa; Hong, Seung Phil

**Source:** Annals of dermatology; Apr 2014; vol. 26 (no. 2); p. 258-260

**Publication Date:** Apr 2014

**Publication Type(s):** Journal Article

**PubMedID:** 24882986

**Abstract:** BACKGROUND Neonatal pemphigus is a rare, transient blistering condition due to transplacental transfer of maternal autoantibodies. CASE CHARACTERISTICS A male neonate born to a mother with oral pemphigus was noticed to have multiple lesions. OBSERVATION Multiple flaccid bullae were noticed on the face, scalp, trunk and extremities with clear fluid and few areas of erosions. OUTCOME All lesions resolved at the end of one week with conservative management. MESSAGE Maternal pemphigus may rarely involve her newborn infant; it resolves on its own.

**Database:** Medline
20. Twins with neonatal pemphigus vulgaris born to a mother with pemphigus vulgaris: a case report.

**Author(s):** Itsukaichi, Mina; Takakuwa, Koichi; Yamaguchi, Masayuki; Serikawa, Takehiro; Tanaka, Kenichi; Kojima, Kinuko; Sakakibara, Seiichi; Usuda, Tohei; Matsunaga, Masamichi; Hashimoto, Tsuyoshi

**Source:** Pediatric dermatology; 2013; vol. 30 (no. 4); p. e59

**Publication Date:** 2013

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 22937811

**Abstract:** Dichorionic diamniotic twins were born at 37 weeks of gestation by cesarean section to a 34-year-old primigravid Japanese woman because the first twin was in breech presentation. The mother had been diagnosed with pemphigus vulgaris prior to her pregnancy. In addition to a high antidesmoglein 3 autoantibody titer, flaccid bullae and erosions on both of the twins' lips and in their oral cavities at 13 days of age led to the diagnosis of neonatal pemphigus vulgaris. This case highlights the need for awareness that pemphigus vulgaris may not occur immediately after birth.

**Database:** Medline


**Author(s):** Braunstein, Inbal; Werth, Victoria

**Source:** Dermatologic therapy; 2013; vol. 26 (no. 4); p. 354-363

**Publication Date:** 2013

**Publication Type(s):** Journal Article Review

**PubMedID:** 23914893

**Abstract:** Autoimmune skin disease occurs in pregnancy, and treatment is often required to control both maternal disease and fetal outcomes. Here we present the available safety data in pregnancy and lactation for medications used to treat autoimmune skin diseases, including cutaneous lupus erythematosus, dermatomyositis, morphea and systemic sclerosis, pemphigus vulgaris, pemphigus foliaceus, and pemphigoid gestationis. A PubMed search of the English-language literature using keywords, "pregnancy" "rheumatic disease," and "connective tissue disease" was performed. Relevant articles found in the search and references were included. Reasonable evidence supports the careful and cautious use of topical steroids, topical calcineurin inhibitors, systemic corticosteroids, hydroxychloroquine, and azathioprine in pregnancy. Case reports or clinical experience suggest intravenous immunoglobulin, dapsone, phototherapy, rituximab, and plasmapheresis may be safe. Several treatment options exist for autoimmune skin disease in pregnancy and lactation, and should be considered when treating these patients.

**Database:** Medline
22. Neonatal pemphigus as the initial manifestation of maternal pemphigus vulgaris

Author(s): Bains R.; Neeley A.; Rogge M.; Siegfried E.; Burkemper N.
Source: American Journal of Dermatopathology; Jul 2013; vol. 35 (no. 5)
Publication Date: Jul 2013
Publication Type(s): Conference Abstract
Available at The American Journal of dermatopathology - from Ovid (LWW Total Access Collection 2019 - with Neurology)

Abstract: A newborn female was born with large erosions on the scalp, face, and trunk. The pregnancy was uncomplicated and the mother was otherwise healthy. A biopsy demonstrated epidermal necrosis with eosinophilic spongiosis and an intraepidermal eosinophilic pustule. Direct immunofluorescence (DIF) studies demonstrated intercellular IgG and C3 in the lower third of the epidermis. Later, the mother admitted to getting "canker sores". On exam, an erosion of the buccal mucosa was identified and DIF demonstrated a similar pattern as seen in the baby. Anti-desmoglein (Dsg) 3 antibodies were demonstrated in the mother and baby, confirming the diagnosis of pemphigus vulgaris (PV). Neonatal pemphigus (NP) is a rare immunobullous disorder caused by transplacental transmission of maternal IgG antibodies to Dsg1 and/or Dsg3. In adults, Dsg3 is expressed predominately on mucosa, whereas Dsg3 is highly expressed in fetal skin and mucosa. This case highlights the rare instance of NP as the initial manifestation of maternal PV, and furthermore that the severity of NP does not always correlate with maternal symptoms.

Database: EMBASE

23. Pemphigus vulgaris with pregnancy

Author(s): Nandini G.; Umadevi K.; Padma K.; Uday R.; Sahana R.
Source: Journal of SAFOG; 2012; vol. 4 (no. 3); p. 159-160
Publication Date: 2012
Publication Type(s): Article
Available at Journal of South Asian Federation of Obstetrics and Gynaecology - from Unpaywall

Abstract: Pemphigus vulgaris is an autoimmune bullous dermatosis affecting skin and mucous membrane. It affects all races and both sexes equally. It is common during the 5th and 6th decade of life. It is exceedingly rare in pregnancy and is associated with increased maternal morbidity and poor neonatal outcome. We do report a case of pemphigus vulgaris with pregnancy. She conceived during the active phase of the disease and treated with steroids throughout pregnancy. She delivered a live preterm, appropriate for gestational age and constitutionally small fetus.

Database: EMBASE
24. Pemphigus vulgaris in a pregnant woman and her neonate.

Author(s): Ibrahim, Sameera Begum Kader; Yashodhara, B M; Umakanth, Shashikiran; Kanagasabai, Sachchithanatham


Publication Date: Jun 2012

Publication Type(s): Case Reports Journal Article

PubMedID: 22744241

Available at BMJ case reports - from Europe PubMed Central - Open Access
Available at BMJ case reports - from ProQuest (Health Research Premium) - NHS Version
Available at BMJ case reports - from Unpaywall

Abstract:A 23-year-old pregnant woman in her second trimester of pregnancy presented with blisters on the face, abdomen and the leg. Based on the clinical presentation and skin biopsy (histopathology and direct immunofluorescence) the diagnosis of pemphigus vulgaris was established. The child born to this patient also had similar skin lesions. The lesions in the mother and the child improved after treatment. The authors report a rare case of pemphigus vulgaris in a pregnant lady and neonatal pemphigus in her child, both of whom were treated successfully.

Database: Medline


Author(s): Daneshpazhooh, Maryam; Chams-Davatchi, Cheyda; Valikhani, Mahin; Aghabagheri, Anita; Mortazavizadeh, Seyed Mohammad Ali; Barzegari, Masoomeh; Akhyani, Maryam; Hallaji, Zahra; Esmaili, Nafiseh; Ghodsi, S Zahra

Source: Indian journal of dermatology, venereology and leprology; 2011; vol. 77 (no. 4); p. 534

Publication Date: 2011

Publication Type(s): Comparative Study Journal Article

PubMedID: 21727712

Available at Indian journal of dermatology, venereology and leprology - from ProQuest (Health Research Premium) - NHS Version
Available at Indian journal of dermatology, venereology and leprology - from Unpaywall

Abstract:BACKGROUNDStudies on the interaction of pemphigus and pregnancy are limited to case reports and small case series. Pregnancy is not rare in Iranian pemphigus patients due to lower age at onset of the disease. AIMWe sought to investigate the outcome of pregnancy and the course of pemphigus in pemphigus patients in a retrospective study. METHODSThe files of 779 pemphigus women younger than 50 presenting to our center from 1984 till 2006 were examined for any mention of pregnancy. Data related to outcome of pregnancy and the course of the disease were collected. RESULTSSixty-six patients with a history of pregnancy were identified. Forty-eight known pemphigus patients experienced one or more pregnancies during their disease (total pregnancy number: 52). The course of pemphigus was as follows in this group: 28 cases (54%) of exacerbation, 15 cases (31%) with no alteration, and 9 cases (17%) showing improvement. The rate of abortion was 9.6% (5 cases). In 18 cases, the disease had started during pregnancy, 2 of them (11%) ended in an abortion. Overall, postpartum flare was seen in 33 cases (47.1%). CONCLUSIONPemphigus may be exacerbated during or after pregnancy, but often to a mild degree. Although the rate of stillbirth was not as high as previously reported, the rate of abortion was considerable. Pregnancy may have an uneventful course, especially in patients in clinical remission; nevertheless, careful monitoring of the high risk mother and fetus is mandatory.
26. Pemphigus vulgaris during pregnancy - A case report

Author(s): Ali H.S.

Source: Journal of Pakistan Association of Dermatologists; 2011; vol. 21 (no. 4); p. 301-303

Publication Date: 2011

Publication Type(s): Article

Abstract: Pemphigus vulgaris (PV) is an uncommon immune-mediated bullous dermatosis which is very rare during pregnancy. Its management during pregnancy is a challenge and sometimes very difficult. Only few cases have been reported in literature so far. The disease may be associated with adverse fetal outcomes such as prematurity and fetal death. The neonate can develop transient skin lesions. We present a case of a patient who conceived during the active phase of PV required high doses of corticosteroids and delivered a preterm appropriate for gestation age newborn.

Database: EMBASE

27. Management of Autoimmune Blistering Diseases in Pregnancy

Author(s): McPherson T.; Venning V.V.

Source: Dermatologic Clinics; Oct 2011; vol. 29 (no. 4); p. 585-590

Publication Date: Oct 2011

Publication Type(s): Review

PubMedID: 21925002

Abstract: Autoimmune blistering disease (AIBD) in pregnancy raises several complex management issues associated with underlying pathogenesis and treatment options. This article considers the effects of the disease as well as its treatment for both mother and fetus. All AIBDs can occur in pregnancy but are relatively rare. Pemphigoid gestationis is a rare AIBD that is specific to pregnancy. The article considers each AIBD in turn and then looks at treatment options for the group as a whole, as there are many issues common to all. © 2011 Elsevier Inc.

Database: EMBASE
Use of intravenous immunoglobulin therapy during pregnancy in patients with pemphigus vulgaris.

**Author(s):** Ahmed, A R; Gürcan, H M

**Source:** Journal of the European Academy of Dermatology and Venereology : JEADV; Sep 2011; vol. 25 (no. 9); p. 1073-1079

**Publication Date:** Sep 2011

**Publication Type(s):** Journal Article

**PubMedID:** 21143649

**Abstract:** BACKGROUND Pemphigus vulgaris (PV) is a potentially fatal autoimmune disease characterized by the presence of in vivo deposition of antibodies against cell surface antigens desmoglein 1 and desmoglein 2 in the epidermis. OBJECTIVES To report the treatment outcomes in pregnant PV patients treated with intravenous immunoglobulin (IVIg) therapy. METHODS Eight patients with active disease during pregnancy were treated. Patients were treated with a dose of 2 g/kg/cycle. Seven patients were treated for 2 months on post-partum basis. Main outcome measures were as follows: (i) pregnancy outcome; (ii) presence of neonatal pemphigus; (iii) post-partum flare; (iv) effect of IVIg on present and future pregnancies; (v) immediate and long-term side-effects in the mother and child. RESULTS Patients ages ranged from 20 to 43 years (mean 29.6). All patients had severe and widespread disease involving the skin and multiple mucous membranes. Patients one to seven responded to IVIg therapy and did not have a post-partum flare. Patient eight could not tolerate IVIg because of intense headaches and significant post-partum flare. None of the neonates had pemphigus. Three patients who completed the IVIg protocol had normal second pregnancies. One patient who did not complete the protocol had a miscarriage during the second pregnancy. Since last observation, none of the patients have had a recurrence of the disease or another pregnancy. CONCLUSIONS The data suggests that IVIg can be useful and safe in treating pregnant patients with PV. No long-term adverse effects of IVIg in the mother or in the child were observed based on a long-term follow-up.

**Database:** Medline
29. Pregnancy-triggered maternal pemphigus vulgaris with persistent gingival lesions

**Author(s):** Bialynicki-Birula R.; Maj J.; Dmochowski M.; Gornowicz-Porowska J.

**Source:** Acta Dermatovenerologica Croatica; Sep 2011; vol. 19 (no. 3); p. 170-175

**Publication Date:** Sep 2011

**Publication Type(s):** Review

**PubMedID:** 21933642

**Abstract:** Pregnancy as a triggering factor of pemphigus vulgaris (PV) seems to be quite a rare phenomenon. According to a recent review, only 38 reports describing 49 pregnant women with PV have been published in English language literature. A 34-year-old woman is described with pregnancy-triggered PV showing persistent gingival erosions. In addition, a shift from mucocutaneous to mucosal-dominant clinical variant of the disease in the mother, suggested by clinical features, was confirmed at the molecular level by determination of anti-desmoglein (DSG) 1 and anti-DSG 3 circulating IgG autoantibodies with ELISA. The case presented shows that PV in pregnancy requires care by a gynecologist, dermatologist and neonatologist. They all should be aware of the peculiarities of PV in pregnancy and be willing to cooperate with each other. Noteworthily, in contrast to cutaneous lesions, gingival lesions seen in the mother in the mucosal-dominant stage of her PV after delivery were unresponsive to intravenous and oral corticosteroid/oral cyclophosphamide treatment scheme.

**Database:** EMBASE

30. Pemphigus vulgaris and pregnancy.

**Author(s):** Drenovska, Kossara; Darlencki, Razvigor; Kazandjieva, Jana; Vassileva, Snejina

**Source:** Skinmed; 2010; vol. 8 (no. 3); p. 144-149

**Publication Date:** 2010

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 21137619

**Abstract:** The management and counseling of patients with pemphigus vulgaris during pregnancy is a challenge. The frequency of the association is very low and the current knowledge is based only on case reports or small series. The authors report 2 cases of pemphigus vulgaris and pregnancy that differed from each other in the time of occurrence and clinical course but had similar favorable outcomes. Based on a literature review and their personal observations, the authors discuss the characteristics of this association, the therapeutic behavior, patients’ followup, and fetal prognosis.

**Database:** Medline
31. Pemphigus vulgaris in pregnancy: analysis of current data on the management and outcomes.

Author(s): Kardos, Marisa; Levine, Danielle; Gürcan, Hakan M; Ahmed, Razzaque A

Source: Obstetrical & gynecological survey; Nov 2009; vol. 64 (no. 11); p. 739-749

Publication Date: Nov 2009

Publication Type(s): Journal Article Review

PubMedID: 19849866

Available at Obstetrical & gynecological survey - from Ovid (LWW Total Access Collection 2019 - with Neurology)

Abstract: OBJECTIVES The occurrence of pemphigus vulgaris (PV) during pregnancy is rare. The purpose of this review was to describe management of PV in the mother, and report maternal and perinatal outcomes associated with the disease.

DATA SOURCES A search of PubMed was conducted using the phrases "pemphigus and pregnancy" and "neonatal pemphigus." The bibliographies of retrieved articles were also searched for relevant reports. Only articles in English and in which the diagnosis of pemphigus had been made on the basis of histology or immunopathology were included.

TABULATION, INTEGRATION, AND RESULTS In 38 reports, pregnancies from 49 women with PV were described. Among the 40 patients in whom clinical profiles were provided, 33 had active disease and 7 were disease free. Prednisone was used in 37 of 49 (75%) patients with doses ranging from 5 to 300 mg/day (mean 152.5 mg). Concomitant therapies included plasmapheresis, plasma exchange, and dapsone in 1 patient each, and azathioprine in 5. Of the 44 live births, 20 (45%) neonates had PV lesions at birth and 24 (55%) were lesion-free. Five stillbirths were reported. In all neonates, PV lesions resolved within 1 to 4 weeks, either spontaneously or with mild topical corticosteroids treatment. Of the 5 intrauterine deaths, 1 was due to umbilical cord prolapse, 1 attributed to placental dysfunction, and 1 to cytomegalovirus pneumonitis. In the remaining 2, the cause was unknown. One neonate died 2 days after delivery due to meconium aspiration syndrome. Thus the aggregate perinatal mortality rate was 12% (6/49).

CONCLUSION The outcome of pregnancies complicated by pemphigus is generally good, but achieving good outcomes likely depends on the collaborative efforts of the dermatologist and obstetrician. The available data suggest that the rate of perinatal mortality is increased, but these data may be subject to publication bias.

TARGET AUDIENCE Obstetricians & Gynecologists, Family Physicians.

LEARNING OBJECTIVES After completion of this educational activity, the participant should be better able to describe appropriate medical therapies for pemphigus vulgaris complicating pregnancy, and plan the management of pregnancies complicated by pemphigus vulgaris.

Database: Medline
32. Neonatal pemphigus in an infant born to a mother with serologic evidence of both pemphigus vulgaris and gestational pemphigoid.

**Author(s):** Panko, Jacqueline; Florell, Scott R; Hadley, Jason; Zone, John; Leiferman, Kristin; Vanderhooft, Sheryl

**Source:** Journal of the American Academy of Dermatology; Jun 2009; vol. 60 (no. 6); p. 1057-1062

**Publication Date:** Jun 2009

**Publication Type(s):** Journal Article

**PubMedID:** 19467379

**Abstract:** Neonatal pemphigus is a rarely reported transitory autoimmune blistering disease caused by transfer of maternal IgG autoantibodies to desmoglein 3 to the neonate through the placenta when the mother is affected with pemphigus. It is clinically characterized by transient flaccid blisters and erosions on the skin and, rarely, the mucous membranes. Neonatal pemphigus vulgaris has never been reported to persist beyond the neonatal period and progress to adult disease. Gestational pemphigoid is an uncommon, pregnancy-associated, autoimmune blistering disease. This disease typically flares with delivery and then spontaneously resolves within months without treatment. In 5% to 10% of cases, the antibodies responsible for gestational pemphigoid are transferred to the neonate through the placenta, causing transitory blistering in the neonate. While both gestational pemphigoid and pemphigus vulgaris can occur during pregnancy, these clinically, histologically, and serologically distinct diseases are not known to occur simultaneously in the same patient. We describe a case of a 36-year-old woman with clinical evidence of mucocutaneous pemphigus, but not gestational pemphigoid, who had serum antibodies to the antigens responsible for pemphigus as well as those responsible for gestational pemphigoid. This patient gave birth to a neonate with neonatal pemphigus but no evidence of neonatal gestational pemphigoid.

**Database:** Medline

33. Neonatal pemphigus vulgaris.

**Author(s):** Gushi, Makiko; Yamamoto, Yu-Ichi; Mine, Yoshiko; Awazawa, Ryoko; Nonaka, Kimiko; Taira, Kiyohito; Asato, Yutaka; Hagiwara, Keisuke; Uezato, Hiroshi

**Source:** The Journal of dermatology; Aug 2008; vol. 35 (no. 8); p. 529-535

**Publication Date:** Aug 2008

**Publication Type(s):** Case Reports Journal Article Review

**PubMedID:** 18789074

Available at [The Journal of dermatology](https://onlinelibrary.wiley.com/doi/10.1111/j.1600-0625.2007.00950.x) from Wiley Online Library

Available at [The Journal of dermatology](https://medlineplus.gov/MEDLINEComplete.html) from EBSCO (MEDLINE Complete)

**Abstract:** A male newborn with skin erosions was born to a 32-year-old woman who was under treatment for pemphigus vulgaris that had been diagnosed 16 months earlier. Antibodies to desmoglein (Dsg)1 and Dsg3 were analyzed by enzyme-linked immunosorbent assay. Index values of antibodies to Dsg1 and Dsg3 were 49 (normal index values, <14) and 121 (normal index values, <7), respectively. Those findings concluded a diagnosis of neonatal pemphigus vulgaris. No new vesicles or bullae appeared in the newborn after the birth. Non-corticosteroid ointments produced prompt epithelialization on the erosive lesions. All the eruptions disappeared in 3 weeks. The level of serum anti-Dsg3 autoantibodies when measured at the 76th day was negative (<5).

**Database:** Medline
34. Do safe and effective treatment options exist for patients with active pemphigus vulgaris who plan conception and pregnancy?

**Author(s):** Lehman, Julia S; Mueller, Kurt K; Schraith, Daniel F

**Source:** Archives of dermatology; Jun 2008; vol. 144 (no. 6); p. 783-785

**Publication Date:** Jun 2008

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 18559770

Available at [Archives of dermatology](https://www.archdermatology.com) - from American Medical Association Athens - NHS

Available at [Archives of dermatology](https://www.archivesdermatology.com) - from Unpaywall

**Database:** Medline

35. Neonatal pemphigus vulgaris in an infant born to a mother with pemphigus vulgaris in remission.

**Author(s):** Fenniche, Samy; Benmously, Rym; Marrak, Hayet; Dhaoui, Asma; Ammar, Feiza Ben; Mokhtar, Insaf

**Source:** Pediatric dermatology; 2006; vol. 23 (no. 2); p. 124-127

**Publication Date:** 2006

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 16650218

Available at [Pediatric dermatology](https://www.wileyonlinelibrary.com) - from Wiley Online Library

**Abstract:** Neonatal pemphigus vulgaris is a rare autoimmune disease that is caused by transplacental passage of pemphigus vulgaris autoantibodies. The association of maternal pemphigus vulgaris with neonatal disease pemphigus vulgaris has been only rarely reported. We describe an infant with pemphigus vulgaris born to a mother whose disease was in remission.

**Database:** Medline

36. Pemphigus, pregnancy, and plasmapheresis.

**Author(s):** Shieh, Sherry; Fang, Yisheng V; Becker, Joanne L; Holm, Allison; Beutner, Ernest H; Helm, Thomas N

**Source:** Cutis; May 2004; vol. 73 (no. 5); p. 327-329

**Publication Date:** May 2004

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 15186047

**Abstract:** Pemphigus vulgaris (PV) is an autoimmune blistering disorder that usually occurs in the fifth and sixth decades of life but may occur at younger ages and during pregnancy. Circulating intercellular antibodies directed at desmosomal proteins may cross the placenta and place children at risk for neonatal pemphigus (NP). We describe the case of a pregnant woman with PV treated successfully with a combination of systemic corticosteroids and plasmapheresis. The possibility of PV should be considered in any pregnant woman with a worsening, widespread, mucocutaneous, blistering disease. Plasmapheresis offers a useful alternative to immunosuppressive therapy in the setting of pregnancy.

**Database:** Medline
37. Neonatal pemphigus foliaceus.

**Author(s):** Hirsch, Ranella; Anderson, Judy; Weinberg, Jeffrey M; Burnstein, Penina; Echt, Audrey; Fermin, Janet; Heilman, Edward R; Laude, Teresita A

**Source:** Journal of the American Academy of Dermatology; Aug 2003; vol. 49 (no. 2)

**Publication Date:** Aug 2003

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 12894119

**Abstract:** The term "pemphigus" refers to a group of diseases that are characterized by the presence of cutaneous or mucosal blisters and erosions, and antiepidermal autoantibodies. There are several case reports of neonatal pemphigus vulgaris in the literature. Although pemphigus foliaceus antibodies have been shown to cross the placenta, to our knowledge, this is only the second reported case of neonatal pemphigus foliaceus. The proposed mechanism of disease transfer is the passive transfer of maternal IgG antibodies across the placenta.

**Database:** Medline

38. Neonatal pemphigus vulgaris with extensive mucocutaneous lesions from a mother with oral pemphigus vulgaris.

**Author(s):** Campo-Voegeli, A; Muñiz, F; Mascaró, J M; García, F; Casals, M; Arimany, J L; Amagai, M; Camps, A

**Source:** The British journal of dermatology; Oct 2002; vol. 147 (no. 4); p. 801-805

**Publication Date:** Oct 2002

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 12366435

**Available at [The British journal of dermatology](https://www.ncbi.nlm.nih.gov/pubmed/12366435) - from Wiley Online Library**

**Abstract:** The clinical phenotype of pemphigus is well explained by the combination of desmoglein (Dsg) 1 and Dsg3 distribution pattern and antiDsg autoantibody profile (Dsg compensation theory). It has been reported that neonatal skin has a similar Dsg distribution pattern to adult mucosal epithelia. We describe a newborn girl with mucocutaneous pemphigus vulgaris (PV) from a mother with mucosal dominant PV. The mother had had painful oral erosions for at least 7 months. Histopathological examination and direct and indirect immunofluorescence studies confirmed the diagnosis of PV and neonatal PV in the mother and daughter, respectively. The mother had a high titre of anti-Dsg3 IgG and a low titre of antiDsg1 IgG, while the neonate had only a high titre of anti-Dsg3 IgG, but no detectable antiDsg1 IgG. AntiDsg3 IgG, which caused the oral dominant phenotype in the mother, induced extensive oral as well as cutaneous lesions in the neonate. Our case provides clinical evidence for the Dsg compensation theory in neonatal PV.

**Database:** Medline
39. A retrospective analysis of patients with pemphigus vulgaris associated with pregnancy.

**Author(s):** Kalayciyan, A; Engin, B; Serdaroglu, S; Mat, C; Aydemir, E H; Kotogyan, A

**Source:** The British journal of dermatology; Aug 2002; vol. 147 (no. 2); p. 396-397

**Publication Date:** Aug 2002

**Publication Type(s):** Letter Case Reports

**PubMedID:** 12174129

Available at The British journal of dermatology - from Wiley Online Library

**Database:** Medline

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40. Oral pemphigus vulgaris occurring during pregnancy.

**Author(s):** Muhammad, Joseph K; Lewis, Michael A O; Crean, St John

**Source:** Journal of oral pathology & medicine : official publication of the International Association of Oral Pathologists and the American Academy of Oral Pathology; Feb 2002; vol. 31 (no. 2); p. 121-124

**Publication Date:** Feb 2002

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 11896835

Available at Journal of oral pathology & medicine : official publication of the International Association of Oral Pathologists and the American Academy of Oral Pathology - from Wiley Online Library

**Abstract:** There have been few reports describing the occurrence of pemphigus vulgaris (PV) during pregnancy. The patient described in this case report is interesting because the PV that developed during her pregnancy was confined to her mouth. It has been suggested that prompt treatment with systemic steroids prevents development of PV in cutaneous tissues. In this case, early control of the condition is believed to have eliminated the need for high dose steroids throughout the remainder of the pregnancy. In addition, this therapeutic approach could have contributed to the birth of a baby free of PV. Resolution of the presenting oral symptoms allowed the mother to resume a normal diet, allaying her anxiety about the possible effects of poor nutritional intake on foetal development. Aspects of clinical management considered in this report include the choice of immunosuppressive therapy and the multidisciplinary care involving both dental and obstetric specialists.

**Database:** Medline
41. Transplacental passage of maternal pemphigus foliaceus autoantibodies induces neonatal pemphigus.

**Author(s):** Avalos-Díaz, E; Olague-Marchan, M; López-Swiderski, A; Herrera-Esparza, R; Díaz, L A

**Source:** Journal of the American Academy of Dermatology; Dec 2000; vol. 43 (no. 6); p. 1130-1134

**Publication Date:** Dec 2000

**Publication Type(s):** Research Support, Non-u.s. Gov't Research Support, U.s. Gov't, Non-p.h.s. Case Reports Journal Article Research Support, U.s. Gov't, P.h.s.

**PubMedID:** 11100038

**Abstract:** The association of maternal pemphigus foliaceus (PF) with neonatal PF is rare and may be secondary to transplacental passage of PF autoantibodies. We describe a 25-year-old patient with PF who was delivered of two consecutive babies, one with classic skin lesions of PF and another that was normal. The neonate with PF was born when the mother had widespread skin disease; the normal newborn was born when the mother was in partial remission. The titers of PF autoantibodies were higher in the mother's serum and the cord serum of the baby with PF than in the mother during partial remission and the unaffected baby. The mother and affected baby had autoantibodies to desmoglein 1. Furthermore, cord blood from the baby with PF induced skin disease when injected into mice. In this case, maternal PF was associated with neonatal PF when the titers of maternal anti-desmoglein 1 autoantibodies were elevated. The cutaneous disease in neonatal PF is due to anti-desmoglein 1 autoantibodies.

**Database:** Medline

42. Severe exacerbation of pemphigus vulgaris in pregnancy: successful treatment with plasma exchange.

**Author(s):** Piontek, J O; Borberg, H; Sollberg, S; Krieg, T; Hunzelmann, N

**Source:** The British journal of dermatology; Aug 2000; vol. 143 (no. 2); p. 455-456

**Publication Date:** Aug 2000

**Publication Type(s):** Letter Case Reports

**PubMedID:** 10951169

Available at [The British journal of dermatology](https://www.thelancet.com) - from Wiley Online Library

**Database:** Medline

**Author(s):** Fainaru, O; Mashiach, R; Kuperminc, M; Shenhav, M; Pauzner, D; Lessing, J B

**Source:** Human reproduction (Oxford, England); May 2000; vol. 15 (no. 5); p. 1195-1197

**Publication Date:** May 2000

**Publication Type(s):** Case Reports Journal Article Review

**PubMedID:** 10783377

Available at Human reproduction (Oxford, England) - from Oxford Journals - Medicine

**Abstract:** Pemphigus vulgaris (PV) is an uncommon, immune-mediated bullous dermatosis, which, during its active phase, has been associated with infertility. Pemphigus vulgaris during pregnancy is exceedingly rare—only 26 cases with immunopathological confirmation have been reported. The disease may be associated with adverse neonatal outcome, including prematurity and fetal death. Transient skin lesions may occasionally appear in the neonate. We report a patient who conceived during the active phase of PV, required high doses of corticosteroids to control the disease, and was delivered of a pre-term, appropriate-for-gestational age newborn.

**Database:** Medline

44. Pemphigus vulgaris and pregnancy--a reappraisal.

**Author(s):** Kanwar, A J; Thami, G P

**Source:** The Australian & New Zealand journal of obstetrics & gynaecology; Aug 1999; vol. 39 (no. 3); p. 372-373

**Publication Date:** Aug 1999

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 10554958

Available at The Australian & New Zealand journal of obstetrics & gynaecology - from Wiley Online Library

**Database:** Medline

45. Pemphigus vulgaris in pregnancy with favourable foetal prognosis.

**Author(s):** Hern, S; Vaughan Jones, S A; Setterfield, J; Du Peloux Menag, H; Greaves, M W; Rowlatt, R; Brookes, D B; Black, M M

**Source:** Clinical and experimental dermatology; Nov 1998; vol. 23 (no. 6); p. 260-263

**Publication Date:** Nov 1998

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 10233621

Available at Clinical and experimental dermatology - from Wiley Online Library

Available at Clinical and experimental dermatology - from EBSCO (MEDLINE Complete)

**Abstract:** Pemphigus vulgaris is an immunobullous disease affecting the skin and mucous membranes most commonly during the fifth and sixth decades of life. Its occurrence in pregnancy is rare. We now report two severe cases of the disorder presenting during pregnancy and discuss its potential effects on the foetus and its management in pregnancy.

**Database:** Medline
46. Neonatal pemphigus vulgaris associated with mild oral pemphigus vulgaris in the mother during pregnancy.

**Author(s):** Chowdhury, M M; Natarajan, S

**Source:** The British journal of dermatology; Sep 1998; vol. 139 (no. 3); p. 500-503

**Publication Date:** Sep 1998

**Publication Type(s):** Case Reports Journal Article Review

**PubMedID:** 9767299

Available at [The British journal of dermatology](https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2133.1998.tb11385.x) - from Wiley Online Library

**Abstract:** We report a neonate with immunofluorescence-proven pemphigus vulgaris. The condition presented at birth with widespread skin erosions and ulceration of the oral mucosa. Histopathological and immunofluorescence studies confirmed pemphigus vulgaris. The mother had mild oral pemphigus vulgaris treated during pregnancy with topical corticosteroids. All the neonate's skin erosions had crust formation at day 2 but healed completely within 2 weeks.

**Database:** Medline

47. Spinal anesthesia for cesarean section in a case of pemphigus foliaceous.

**Author(s):** Abouleish, E I; Elias, M A; Lopez, M; Hebert, A A

**Source:** Anesthesia and analgesia; Feb 1997; vol. 84 (no. 2); p. 449-450

**Publication Date:** Feb 1997

**Publication Type(s):** Case Reports Journal Article

**PubMedID:** 9024046

Available at [Anesthesia and analgesia](https://www.anesthesia-analgesia.org) - from [Free Medical Journals . com](https://www.freemedjournals.com)

Available at [Anesthesia and analgesia](https://www.anesthesia-analgesia.org) - from [Ovid (LWW Total Access Collection 2019 - with Neurology)](https://www.ovid.com)

**Database:** Medline

48. Pemphigus vulgaris in pregnancy with involvement of the vagina as an indication for caesarean section

**Author(s):** Lawal A.H.; Spring J.

**Source:** Journal of Obstetrics and Gynaecology; 1995; vol. 15 (no. 5); p. 301-302

**Publication Date:** 1995

**Publication Type(s):** Article

**Database:** EMBASE
49. Pregnancy associated with pemphigus
Author(s): Daniel Y.; Shenhav M.; Botchan A.; Peyser M.R.; Lessing J.B.
Source: British Journal of Obstetrics and Gynaecology; 1995; vol. 102 (no. 8); p. 667-669
Publication Date: 1995
Publication Type(s): Article
PubMedID: 7654649
Database: EMBASE

50. Pemphigus vulgaris during pregnancy - A multistep triggered disease
Author(s): Ophir J.; Bialy-Golan A.; Wolf R.; Brenner S.
Source: Journal of the European Academy of Dermatology and Venereology; 1995; vol. 5 (no. 1); p. 41-43
Publication Date: 1995
Publication Type(s): Article
Abstract:Pemphigus vulgaris (PV) during pregnancy is exceedingly rare. Only 16 cases have been reported in the English literature. Some of the etiologic factors that may induce pemphigus are well known while others are only suspected or unknown. We present a patient with pemphigus during her second pregnancy and in whom several factors might have induced the disease.
Database: EMBASE

51. Pemphigus vulgaris and pregnancy.
Author(s): Ruach, M; Ohel, G; Rahav, D; Samueloff, A
Source: Obstetrical & gynecological survey; Oct 1995; vol. 50 (no. 10); p. 755-760
Publication Date: Oct 1995
Publication Type(s): Case Reports Journal Article Review
PubMedID: 8524526
Available at Obstetrical & gynecological survey - from Ovid (LWW Total Access Collection 2019 - with Neurology)
Abstract:Pemphigus vulgaris (PV), an autoimmune bullous dermatosis, is rarely encountered in pregnancy. Two women with PV and their three pregnancies are described. Pregnancy outcome was generally good, although one of the neonates had characteristic PV skin lesions that resolved spontaneously. The pathophysiology, clinical manifestations, and special issues of PV pertaining to pregnancy are discussed. With our cases added, there are now 23 reports in the English literature on PV in pregnancy. From these data it seems that transient skin lesions may occasionally appear in the neonate regardless of the severity of maternal disease. Such lesions are due to passive transplacental transfer of PV antibodies and do not have long-lasting clinical implication. On the other hand, and contrary to past traditional thinking, PV may be associated with poor neonatal outcome including prematurity and fetal death. Such complications seem to be restricted to pregnancies with clinically severe PV.
Database: Medline
52. Pemphigus vulgaris and pregnancy
Author(s): Kalyan B.; Raghbir B.
Source: Indian Journal of Dermatology, Venereology and Leprology; 1994; vol. 60 (no. 2); p. 82-84
Publication Date: 1994
Publication Type(s): Article
Available at Indian Journal of Dermatology, Venereology and Leprology - from ijdvl.com
Abstract: Pemphigus vulgaris during pregnancy is extremely rare; 2 such immunopathologically confirmed cases were treated by us. Case 1 delivered normal child; in case 2 a macerated foetus was born with extensive features of Neonatal pemphigus vulgaris survived for 10 days.
Database: EMBASE

53. Neonatal pemphigus vulgaris in a child born to a woman in remission
Author(s): Tope W.D.; Kamino H.; Briggaman R.A.; Rico M.J.; Prose N.S.
Source: Journal of the American Academy of Dermatology; 1993; vol. 29 (no. 3); p. 480-485
Publication Date: 1993
Publication Type(s): Article
PubMedID: 8349868
Abstract: We describe the tenth reported case of neonatal pemphigus that mimicked Bart's syndrome and review previously published cases. Unlike previous cases, the child was born with significant blistering to a mother who was in complete remission throughout the pregnancy. High antepartum maternal titers of antiintercellular space antibodies, increased maternal disease activity, and maternal disease that requires high doses of corticosteroids or use of combined therapy correlate with poor fetal outcome, including intrauterine death.
Database: EMBASE

Author(s): Goldberg, N S; DeFeo, C; Kirshenbaum, N
Source: Journal of the American Academy of Dermatology; May 1993; vol. 28 (no. 5); p. 877-879
Publication Date: May 1993
Publication Type(s): Case Reports Journal Article
PubMedID: 8491885
Abstract: Pemphigus vulgaris during pregnancy is exceedingly rare; only 15 cases with immunopathologic confirmation have been reported. In the four cases associated with fetal mortality the mother's disease was active and required high doses of corticosteroids and adjuvant therapy with azathioprine or dapsone for control. A pregnant woman with limited disease is described. At the time of delivery her pemphigus vulgaris antibody titer was 1:640. A full-term, healthy male infant was completely free of skin lesions after a spontaneous vaginal delivery.
Database: Medline
55. Pregnant women with endemic pemphigus foliaceus (Fogo Selvagem) give birth to disease-free babies.

Author(s): Rocha-Alvarez, R; Friedman, H; Campbell, I T; Souza-Aguiar, L; Martins-Castro, R; Diaz, L A

Source: The Journal of investigative dermatology; Jul 1992; vol. 99 (no. 1); p. 78-82

Publication Date: Jul 1992

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article Research Support, U.s. Gov't, P.h.s.

PubMedID: 1607681

Available at The Journal of investigative dermatology - from Unpaywall

Abstract: Endemic pemphigus foliaceus (PF), also known as Fogo Selvagem (FS), is an organ-specific autoimmune disease mediated by autoantibodies. These autoantibodies are disease specific, predominantly restricted to the IgG4 subclass, and pathogenic, as demonstrated by passive transfer studies. In contrast to pemphigus vulgaris, neonatal skin disease does not appear to occur in babies born to mothers with non-endemic PF or FS. In the present study we have examined 19 mother/neonate pairs where the mother had documented FS. Mothers and neonates were examined soon after delivery and tested by immunofluorescent (IF) techniques for FS autoantibodies either in circulation (mothers' sera or babies' cord blood) or bound to the neonatal epidermis. All neonates included in this study were born with normal skin. Twelve biopsies from 17 neonates showed negative direct IF using both FITC-antihuman IgG or monoclonal anti-IgG subclass antibodies. In five biopsies the epidermal ICS of the babies showed weak staining. In 10 of the 19 cord sera tested, FS IgG autoantibodies were undetectable; in nine, these autoantibodies were present in low titers (less than 1:40). The sera of the mothers showed higher titers of FS autoantibodies, and IgG4 was the predominant IgG subclass autoantibodies. It appears that human placenta may modulate the expression of disease in the newborn by operating as a "biologic immunoadsorbent" of pathogenic autoantibodies.

Database: Medline

56. Pemphigus vulgaris associated with pregnancy. A case report from Japan.

Author(s): Okano, M; Takijiri, C; Aoki, T; Wada, Y; Hayashi, A; Fuke, Y; Nakayama, M

Source: Acta dermato-venereologica; 1990; vol. 70 (no. 6); p. 517-519

Publication Date: 1990

Publication Type(s): Case Reports Journal Article

PubMedID: 1981429

Abstract: We present a case of pemphigus vulgaris which developed during pregnancy. The newborn infant was normal. Bullous lesions were successfully treated by pulse therapy with high-dose corticosteroids. This is, to our knowledge, the first report in English from Japan describing pemphigus vulgaris associated with pregnancy.

Database: Medline
57. Neonatal pemphigus vulgaris.

Author(s): Merlob, P; Metzker, A; Hazaz, B; Rogovin, H; Reisner, S H

Source: Pediatrics; Dec 1986; vol. 78 (no. 6); p. 1102-1105

Publication Date: Dec 1986

Publication Type(s): Case Reports Journal Article

PubMedID: 3537950

Abstract: The case history of a baby with neonatal pemphigus vulgaris is presented. This is the 13th case of pemphigus vulgaris during pregnancy reported in the literature. The correlations between the clinical, histologic, and immunofluorescent findings are discussed and a review of all previously reported cases is presented.

Database: Medline


Author(s): Hup, J M; Bruinsma, R A; Boersma, E R; de Jong, M C

Source: Pediatric dermatology; Dec 1986; vol. 3 (no. 6); p. 468-472

Publication Date: Dec 1986

Publication Type(s): Research Support, Non-u.s. Gov't Case Reports Journal Article

PubMedID: 3550750

Abstract: A male infant with skin lesions was born to a 28-year-old mother who was under treatment for pemphigus vulgaris (PV), diagnosed eight years earlier. Circulating IgG class pemphigus antibody was found in the infant’s blood, and deposition of IgG in the intercellular spaces of the epidermis was seen. The infant’s lesions resolved within three weeks, and pemphigus antibody titer became negative by seven weeks. The pathogenetic role of PV antibodies and the risk for a fetus of a mother suffering from PV are discussed.

Database: Medline


Author(s): Ross, M G; Kane, B; Frieder, R; Gurevitch, A; Hayashi, R

Source: American journal of obstetrics and gynecology; Jul 1986; vol. 155 (no. 1); p. 30-33

Publication Date: Jul 1986

Publication Type(s): Case Reports Journal Article

PubMedID: 3728602

Abstract: Pemphigus vulgaris, a bullous dermatosis, rarely occurs during pregnancy. Previous reviews have suggested that pemphigus has no significant effect on pregnancy. A case report of pemphigus occurring during pregnancy and resulting in an intrauterine death is presented. A reevaluation of the literature indicates that maternal pemphigus is associated with a significant risk of fetal mortality.

Database: Medline
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