

## Extensive esophageal involvement of bullous pemphigoid

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**Introduction:** Bullous pemphigoid is an autoimmune cutaneous blistering disease characterized by autoantibody deposition at the epithelial basement membrane zone. Usually it occurs on the skin, but also appears as various mucosal invasion, of which oral invasion is common at 10-30%. However, there are very few case reports of esophageal invasion of bullous pemphigoid. We report a case in which Corrosive esophagitis or Candida esophagitis was suspected by endoscopy, but was actually extensive esophageal involvement of bullous pemphigoid

**Case report:** A 51-year-old female presented to the hospital with dysphagia, which occurred three weeks ago aggravated on the day of visit. On the first EGD in our hospital, hemorrhage, desquamative, necrotic change was observed on the whole esophagus. After 1 week, F/U EGD showed soft palate, pyriform sinus covered with white exudate, esophagus mucosal edema, inflammation, and multiple erosions. Esophageal mucosa appeared to be like Candida esophagitis, so biopsy was performed and KOH was also tested, and a day later, KOH test resulted negative. However, from this day on, bullous skin lesions with sense of prurity were observed throughout the body and punch biopsies were performed on the skin. In histochemical staining, blistering was observed in chest and leg to distinguish epidermis from dermis. In esophageal biopsy, epidermis and dermis were also separated and necrosis findings were observed in dermis, and eosinophil was observed in large numbers. DIF results show that C3 is deposited in the epithelial basement membrane zone. Systemic steroids and mycophenolate was added under the diagnosis of Bullous pemphigoid and after 6 days, the patient's dysphagia and skin symptoms all improved.

**Conclusion:** Seeing that lesions only occur in the squamous cell part of the esophagus, and studying the relationship between skin findings and esophageal diseases, we found that bullous pemphigoid can also invade the esophagus. Therefore, if chest pain, difficulty in swallowing, or gastrointestinal bleeding occurs in patients with blistering skin disease, the possibility of esophageal invasion of bullous pemphigoid should be considered.



**Figure 1.**

- A. Endoscopic finding (Esophagus, 1st day)
- B. Endoscopic finding (Esophagus, 7th day)
- C. Histologic finding (Skin, Leg) ; Separation of Dermis and Epidermis (Arrow)
- D. Histologic finding (Mucous, Esophagus) ; Separation of Dermis and Epidermis (Arrow)
- E. Direct Immunofluorescence (Skin, Leg) ; C3 deposited in the epithelial basement membrane zone (Arrow)
- F. Bullous skin lesions throughout the body