

## Coexistence of the Vitiligo and the Pemphigus vulgaris

### Coexistencia de Vitíligo y Pénfigo vulgar

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A 34 year old male patient without important medical antecedents for the specialty, comes to medical consultation because he came to have blistering lesions in the mouth and thorax anterior and posterior with 8 months of evolution, which progress to multiple eroded and crusty lesions with positive Nikolsky; Additionally, he presents acromic macules in the chest and abdomen with an unspecified period (Images 1, 2 and 3); for this reason himself was treated with in natural form with unidentified herbs. Vitiligo and pemphigus vulgaris were diagnosed with the clinical signs it presented. He was scheduled for skin biopsy of some of the blistering, but the patient did not return.



Image 1



Image 2



Image 3

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The Pemphigus vulgaris is a severe mucocutaneous disease of an autoimmune nature that manifests with vesicles or blistering of a transient nature and of a liquid and aqueous content. They can appear almost in any location of the body, although they usually do them preferably in the trunk of the body and limbs. These lesions break easily, after which they leave an ulcerated appearance surface, which results in a scab that will subsequently heal and lead to an alteration of skin pigmentation. The diagnosis of pemphigus is based on the medical antecedents, the recognition of the lesions, the positive Nikolsky sign and the positive Asboe-Hansen and a histological study associated with immunofluorescence when it is available (1).

The Vitiligo is a leukoderma to belong to a group of diseases that are distinguished by the lack of pigmentation in the skin, caused by the absence or inability of melanocytes to produce melanin (2). Its diagnosis is made by visualizing the acromic macules on the skin or with the help of Wood's light. At the present, the etiology and pathogenesis of the disease is

unknown and there is no single unique treatment (3).

The presence of vitiligo is associated with the following autoimmune diseases (4):

1. Autoimmune polyendocrinopathy syndrome type 1 (APS1), type 2 (APS2, Schmidt syndrome), type 3 and type 4.
2. Graves' disease or autoimmune Thyroiditis.
3. Addison's disease.
4. Pernicious anemia.
5. Myasthenia Gravis.
6. Alopecia Areata.
7. Pemphigus vulgaris.
8. Morphea.
9. Type 1 Diabetes mellitus.
10. Rheumatoid arthritis.
11. Systemic lupus erythematosus and Discoid lupus erythematosus.

At least 30% of the patients with vitiligo suffer an association with another immune disease.

The mechanism of association between vitiligo and pemphigus vulgaris is unknown and the intention to report this case it was due to the low

frequency of clinical cases reported with the coexistence of both diseases and to the few publications about this item in Spanish language.

## References

1. Lauro Gilberto Nunes R, Raquel Moresco V, Marley G, Cristina da Silva B, Matesanz Pérez, P. Pénfigo vulgar - Caso clínico. Av. Odontoestomatol 2005; 21-4: 189-193.
2. Gauthier Y, Cario Andre M, Taïeb A. A critical appraisal of vitiligo etiologic theories. Is melanocyte loss a melanocytorrhagy? Pigment Cell Res 2003; 16:322-332.
3. Salinas-Santander M y col. Vitiligo: factores asociados con su aparición en pacientes del noreste de México. Dermatol Rev Mex 2014; 58:232-238.
4. S.A. Poojary. Vitiligo and associated autoimmune disorders: A retrospective hospital-based study in Mumbai, India. Allergol Immunopathol (Madr). 2011; 39(6):356-361.