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CASE REPORT

Pitfall: Pemphigus herpeticatus should not be confounded with resistant pemphigus vulgaris

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Abstract

Human herpes simplex virus (HSV) infections are well-recognized complications of various dermatoses and have also been reported in both hereditary and acquired acantholytic diseases such as dyskeratosis follicularis (Darier's disease), familial benign chronic pemphigus (Hailey-Hailey disease) and pemphigus vulgaris, respectively. The possibility of HSV infection should be considered in pemphigus patients with lack of improvement under adequate immunosuppressive therapy. This has therapeutic implications, since antiviral treatment instantly clears the HSV-induced chronic erosions. Instead, augmentation or change of immune suppression for assumed refractory pemphigus will obviously not improve the condition. We suggest using the diagnostic term pemphigus herpeticatus to describe HSV-superinfected pemphigus, alluding to the pathophysiologic analogies with eczema herpeticatum.

Key words: *eczema herpeticatum, herpes simplex virus, pemphigus foliaceus, pemphigus herpeticatus, pemphigus vulgaris*

Introduction

Human herpes simplex virus (HSV) infections are well-recognized complications of various dermatoses. The possibility of HSV infection should be considered in pemphigus patients with lack of improvement under adequate immunosuppressive therapy. This has therapeutic implications, since antiviral treatment instantly clears the HSV-induced chronic erosions. Instead, augmentation or change of immune suppression for assumed refractory pemphigus will obviously not improve the condition. We suggest using the diagnostic term pemphigus herpeticatus to describe HSV-superinfected pemphigus, alluding to the pathophysiologic analogies with eczema herpeticatum.

We report on three cases of HSV superinfection of pemphigus vulgaris (PV) and pemphigus foliaceus (PF). In two instances, the diagnosis was delayed by more than 2 months; only in the third case was suspicion high enough to promptly establish the diagnosis of HSV superinfection. The apparently refractory skin lesions improve rapidly as soon as antiviral therapy is installed.

Case reports

Patient 1

A 42-year-old man was referred with a 3-month history of progressive, erosive and scaly skin lesions of the head and trunk. Histology and direct immunofluorescence (DIF) studies confirmed the suspected clinical diagnosis of PF. Serum antibodies to desmoglein 1 were detectable by ELISA.

Remission was established with oral prednisone (initial dose 0.5 mg/kg daily), azathioprine (1.25 mg/kg daily) and topical corticosteroids. Prednisone was tapered and the patient remained in remission with azathioprine monotherapy, while the topical corticosteroids were switched to topical tacrolimus.

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