

Case study

Eosinophilia in pemphigus: single center study in Morocco

Abstract:

Eosinophils, play major roles in the pathogenesis of various dermatoses (atopic dermatitis, bullous pemphigoid, drug reaction with eosinophilia and systemic symptoms (DRESS)...) **What does you mean ofnDRESS????**

Hypereosinophilia in pemphigus has not been well documented in the literature, hence we initiated this study with the aim of objectivizing this association and studying its characteristics.

Hypereosinophilia was observed in 13,3% of patients with pemphigus, and for the clinical phenotypes, pemphigus vulgaris was more frequent, followed by pemphigus seborrheic. The majority of these patients had associated pruritus, and for the hypereosinophilia resolved with treatment of pemphigus

Key words: Pemphigus, eosinophilia, Morocco

Comment : In this abstract the description is very brief, there is no mention of the number of samples and sample characteristics such as age, sex etc. there is also no conclusion

Introduction :

Eosinophilic dermatoses are characterized by eosinophilic infiltration of the skin and/or mucous membranes, which may or may not be associated with blood hypereosinophilia (>500 eosinophils/ mm^3)

These dermatoses include a group of diseases with different etiologies. Most of these dermatoses can be traced back to allergies, drug allergies, urticaria, allergic contact dermatitis, atopic dermatitis and eczema. Parasitic infestations, arthropod bites and autoimmune vesicular skin diseases such as bullous pemphigoid are also common.

To the best of our knowledge, hypereosinophilia in pemphigus has not been well documented in the literature, hence we initiated this study with the aim of objectivizing this association and studying its characteristics.

Coment :In the introduction, no references are cited. The background does not provide an important argument for this article

Material and methods:

We performed a retrospective descriptive study of 191 patient with pemphigus in the Department of Dermatology at Ibn Sina University Hospital in Rabat between 1990 and 2023. Excel and Statistical Package for the Social Sciences (SPSS Inc, version 15.0 for Windows) were used for data entry and analysis. Our study included all patients with pemphigus with no medical history of atopy or known allergy who underwent a complete blood count (CBC) for eosinophils on admission before starting any treatment. Eosinophilia is defined as greater than 500 eosinophils/mm³

Comments: How do you count the number of eosinophils, do you use a machine? or calculated manually

Results

391 cases of pemphigus were collected over 33 years, including 169 P. vulgaris, 113 P. seborrheic , 55 P. foliaceus, 37 P. vegetans, 15 herpetiformis and 2 P. paraneoplasticis. only 52 patients (13,3%) had a hypereosinophilia >500 eosinophils/mm³**Comment In methode , The numbers of sample is 191, but In the result is391??? which one is true???**

The average age of these patients was 52.4 years, with a female predominance (31 women versus 21 men).

Regarding the association with comorbidity, we found that 12 patients had diabetes, 9 had hypertension, and 3 had dysthyroidism. **Comment : please expalined in discussion, Does this comorbid patient affect the number of eosinophils?**

For the clinical phenotypes, we noticed that pemphigus vulgaris was more frequent (22 cases), followed by pemphigus seborrheic (12 cases), pemphigus foliaceus and vegetans (7 cases each), and finally pemphigus herpetiformis (4 cases). **Comment: please explained in discussion, does the type of pemphigus matter?**

Pruritus was found in the majority of patients:76.9% (N=40 patients)

Eosinophil counts in these patients vary between 530 and 3710, eosinophil counts in these patients ranged from 530 to 3100 , of whom 33 patients had mild hypereosinophilia and 19 moderate, but none had severe hypereosinophilia.

The therapeutic protocol used was oral corticosteroids (1 to 2mg/kg/d) associated or not with immunosuppressants (azathioprine, Rituximab, cellcept...), and it was noted that the hypereosinophilia normalized once treatment for pemphigus has begun.

Discussion :

Eosinophils are myeloid cells that were first named by Paul Ehrlich in 1879 due to their bright red staining eosin-fast granules (2), they may contribute to pathogen defense, regulate inflammatory responses and induce fibrosis/remodeling. (3-4)

A wide range of skin disorders are associated with eosinophil infiltration and the possibility of peripheral blood eosinophilia.

The normal range of blood eosinophils is 0 to 500 cells/mm³ and the typical percentage is less than 5% of WBC. Eosinophilia is defined as greater than 500 eosinophils/mm³. The degree of eosinophilia can be categorized as mild (500 - 1500 cells/mm³), moderate (1500 to 5000 cells/mm³), or severe (>5000 cells/mm³). (2)

The majority of eosinophilic dermatoses lie in the allergy-related group, including allergic drug eruption, urticaria, allergic contact dermatitis, atopic dermatitis, and eczema. Parasitic infestations, and arthropod bites (5)

Regarding autoimmune blistering skin diseases it was well demonstrated that bullous pemphigoid, is a eosinophilic dermatosis. Blood eosinophilia and dermal infiltrates consisting pre-dominantly of eosinophils are observed in the majority of BP patients. (6). In addition, the strict relationship between eosinophils and anti-BP180 IgE autoantibodies, whose pathogenic role in BP has been confirmed in recent years, has been supported (7)

on the other hand, few studies have discussed the association of hypereosinophilia with pemphigus, based mainly on skin eosinophilic infiltration.

Pemphigus vegetans has been associated with eosinophil infiltration in the skin, specifically eosinophil exocytosis and eosinophilic abscesses, as well as elevated blood eosinophil and ECP levels. (8) As well as in patients with pemphigus herpetiformis, cultured keratinocytes showed increased autoantibody-mediated IL-8 secretion as compared with healthy and

pemphigus vulgaris controls, with consequent recruitment and stimulation of eosinophils and neutrophils that lead to focal intercellular edema and eosinophilic/neutrophilic spongiosis with little or no acantholysis (9)

However, the role of eosinophils in terms of epidermal disintegration or hyperproliferation remains unclear.

On the other hand, there are no studies in the literature looking for blood hypereosinophilia in pemphigus patients, and characterize the correlation between hypereosinophilia and the various features of pemphigus. In our study, hypereosinophilia was observed in 13,3% of patients with pemphigus, and for the clinical phenotypes, pemphigus vulgaris was more frequent, followed by pemphigus seborrheic. The majority of these patients had associated pruritus, and for the hypereosinophilia resolved with treatment of pemphigus.

Conclusion:

in bullous dermatoses, hypereosinophilia has been reported in pemphigoid patients, but not in pemphigus. That's why Further studies are needed to clarify the role and association of eosinophils in the different types of pemphigus.

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