SHORT ARTICLE

Use of collage dressing in pemphigus vulgaris: Novel approach

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ABSTRACT

Introduction: Pemphigus vulgaris disease are blistering cutaneous and mucous membrane diseases linked to desmoglein 1 and 3 antigens. Even while the existence of autoantibodies is consistent with an autoimmune disease, the exact cause of this condition is yet unknown. These antibodies attack the keratinocyte adhesion proteins, causing blister development and acantholysis (disruption of the spinous layer that results in intraepidermal clefting). Since there are initially only oral lesions, there is a greater likelihood that the disease will be incorrectly diagnosed as another ailment, resulting in ineffective treatment. In sir T hospital one skin OPD is there. **Case**: A middle-aged lady admitted dermatology department in sir T hospital Bhavnagar, Gujarat for recent exacerbation. She was suffering from pemphigus vulgaris for one year. She was conscious and cooperative. **Conclusion**: After informed consent collagen application done. Collagen application and regular dressing heal the wound and she successfully recovered and discharge from dermatology department, sir T hospital Bhavnagar. Collagen application should use for treatment of pemphigus vulgaris

KEYWORDS

Blister; Patient Discharge; Dermatology; Keratinocytes; Bandages; Informed Consent; Mucous Membrane

INTRODUCTION

Pemphigus is a group of autoimmune blistering diseases of both the skin and mucosa caused by loss of cell-to-cell adhesion of keratinocytes leading to intraepidermal blisters.¹ PV usually starts with painful mucosal ulcers, particularly in the mouth.²

Individual ulcers may form and disappear, but new lesions appear on a regular basis. Over the next few weeks or months, many patients will develop skin lesions.²

The word pemphigus originates from Greek pemphix, which translates as blister or bubble. Pemphigus can be classified into five major groups: Pemphigus vulgaris (PV), pemphigus foliaceus, paraneoplastic pemphigus (PNP), drug-induced pemphigus and immunoglobulin A (IgA) pemphigus. Oral lesions have been associated with only PV and PNP.³

Patients suffering from immunoblots disease have open wounds with a tendency to develop new blisters, which presents a unique problem when addressing wound care. ¹ Collagen used in

such patients is a novel approach as it is generally used in superficial bums wounds. Rut in our patient, by doing collagen dressing, patient recovered fully with minimal morbidity and discomfort of conventional dressing methods. ¹

CASE REPORT

In Skin Outpatient Department of sir T hospital Bhavnagar,35-year-old female patient came. She was a diagnosed case of pemphiqus vulgaris for one year and got admitted in Sir T Hospital, Bhavnagar for recent exacerbation. On admission 12% BSA was involved in disease process which increased to 39% (whole back, axillae, neck, front of chest). Patient's dressing was done firstly by silver sulphadiazine cream on daily basis but improvement in wound was not found after 25 days since admission and therefore decision taken to apply collagen on wound. Informed consent was taken before collagen application. Patient was observed regularly for the applied collagen. Collagen gradually separated from wound as it healed. After 19 days of collagen application wound

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healed completely obviating the need of daily, time-consuming dressing.

CONCLUSION

PV is a serious disease, and if left untreated, it could lead to patient's death. Traditionally wounds of immunobullous disorders arc managed by daily dressing using cotton gauze impregnated with antimicrobial agents as iodine, silver sulfadiazine etc. This leads to daily discomfort, pain, infection and longer hospital stay. As compared to this, collagen dressing is applied once and wound heals faster with fewer complications and it also protects from infection. Therefore, this novel method can be practiced in

such patients for better & faster outcomes & further research can be done in this field.

AUTHORS CONTRIBUTION

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