A Case of Herpes Gestationis

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BİR HERPES GESTATIONIS OLGUSU

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Herpea gestationis <HG), gebelikle görülen nadir bir cilt hastalığıdır. 60.000 gebelikte 1 sıklıh ta görülmektedir. 24 yasında 32 haftalık bir gebede HG tanısı konulmuş; klinik, laboratuvar ve doku bulguları yönünden incelenerek sonuçlan tartışılmıştır.

Analılar Kelimeler. llcrpes scsıUtHinis, gebelik

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SUMMARY

Herpes gestationis (HG) is ***an unecommon blistering disease of pregnancy and the Puerperium. It's incidence has been estimated at about 1 in 60.000 pregnancies.***

24-year old pregnant woman with herpes gestationis at 32 weeks gestation was seen in our clinic. Fallowing case presentation, HG was discussed in ail aspects.

Key Mords: Herpes gestationis, pregnancy.

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Herpes gestationis (HG) is an uncommon blistering disease of pregnancy and the puerperium (1). Classically, it presents as an intensely pruritic erythematous vesiculobulious eruption that is often widespread and recurs in subsequent pregnancies. Its incidence has been estimated at about 1 in 60.000 pregnancies. Since most medical centers have only a limited experience with HG, we would like to present a case of HG seen in our clinic.

Report of a Case

A 24-year-old multigravida (G$_7$ P1051) presented to our clinic with complaning of severe pruritis and cuntaneous eruption at 32 weeks gestation (Fig 1 and 2). Skin changes first developed at 28 weeks gestation. Tropical applications of eorticostreodis and oral antihistaminic medication did not control her pruritis and skin lesions.

Her past medical history was unremarkable expect in review of her past obstetric history revealed that she had had five first-trimester spontaneous abortions after a full-term spontaneous vaginal delivery.

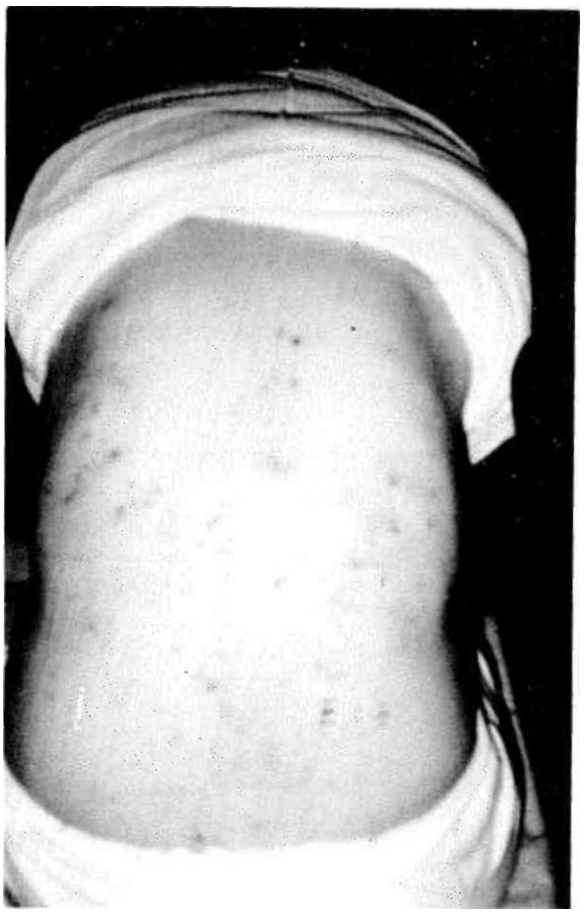
On her physical examination, skin changes involved chiefly the abdomen, back and extremities and formed confluent edematous and erythematous plaques with scattered bullae and vesicles. There were no systemic symptoms.

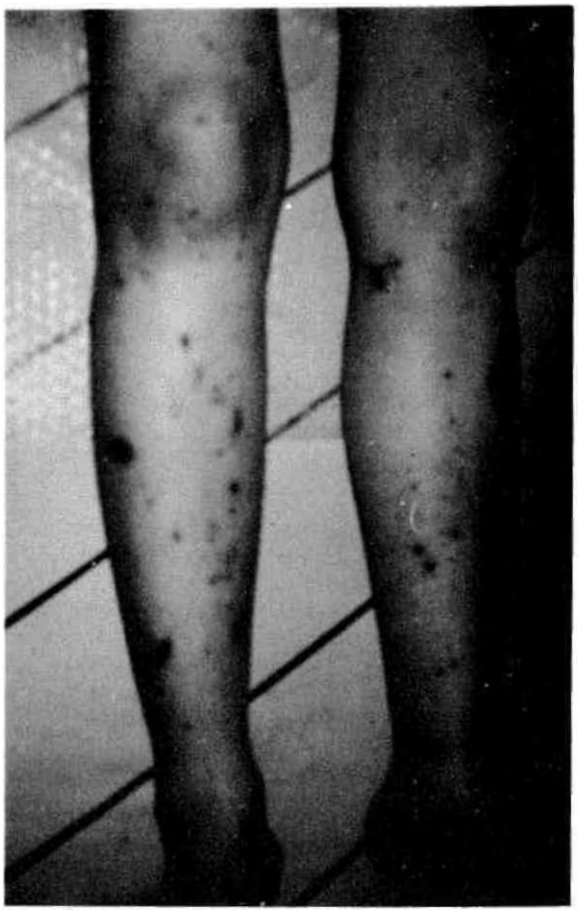
Hb was 10.2g/dl, WBC 6000/ml and platelets 24 Ox10^3/ml. FBS was 70 mg/dl. creatinin was 0,5 mg/dl. Liver function tests and thyroid function tests pere normal. IgA 343 mg/dl, IgM 402 mg/dl, C$_3$ 144 mg/dl, C$_4$ 45.6 mg/dl and ANA was negative.

Skin biobsy revealed subepidermal bullae with partial destruction of the deep layers of the epidermis. There was an inflammatory infiltrate of lymphoctes, histiocytes and eosinophils below the epidermis and in the perivascular regions. Direct immunoflucoresce of skin demonstrated IgA deposition along the BMZ (Fig 3).

Systemic corticosteroid treatment started at full dose (40 mg/day) and tapered gradually and maintained at a dose of 15 mg every other day. The response was prompt with symptomatic improvement within 48 hours followed rapidly by cilinical sign of pirovement.

The mother delivered a healthy child at terme. The child did not develop any cutaneous eruption at all.





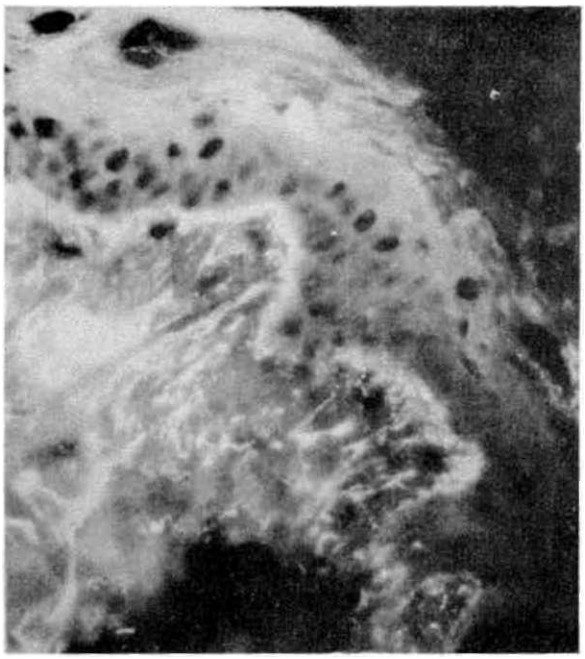
3 weeks after delivery cutaneous lesions disappeared leaving no traces, and did not recur during the next five months of observation. The steroid therapy was discontinued after delivery.

Comment

Herpes gestationis is a blistering disease of pregnancy and postpartum period. The time of onset is variable, although it is much more common to begin in the second or third trimester of pregnancy, with acute flares immediately after delivery or with the first menstrual period. It persists for several weeks to a few months. There is a tendency, for it to begin earlier in the course of subsequent pregnancies. There is history of at least one spontaneous abortion in one third of the cases.

Lesions may present as papules, urticarial plagues, vesicle, bullae, crusts, and excoriations. Preferred sites of involvement are the abdomen, particularly the periumblical area, and the extremities.

Though the cilincal picture, histopathological findings and the course of the disease may suggest the diagnosis of HG, it is sometimes diffucult to differentiate this entity from dermatitis herpetiformis, erythema multiforme, bullous drug eruptions, bullous pemphigoid, and other dermatoses of pregnancy (3). The application of immunological techiques as additional diagnostic criteria has proved to be very useful in precisely delineating HG and separating it from other bullous diseases. Immunofluorescent (IF) investigations of perilesional and of normal appearing skin reveal the presence of the third complement (C_3), with or without IgG, in a linear band-like distribution along the basement membrane zone (BMZ). A circulating factor in the serum of the these patients, termed the herpes gestations factor (HGF), has also been shown (6). Other immunoreactans occasionally deposited along the BMZ included IgA, IgE, $C1_3$, C_4, C_5, C_9, properdin and fibrinogen (7). It has been noted that there is a high frequency of HLA-B8 and DR3 and an increased incidence of autoimmune thyrotoxicosis in patients with HG (8).



There appears to be a considerable incidence of fetal morbidity and mortality associated with HG. In one study, of 39 cases of HG, there were eight, premature dileveries, three were eight premature deliveries, three stillbirths and one spontaneous abortion at 4 1/2 months gestation (7).

REFERENCES

1. Kolodny RC: Herpes Gestationis. Am J, Obstet Gynecol. 104: 39-45, 1969.
2. Ahmed A, and Moy, R.: Reath in pemphigus. J. Am. Acad. Dermatol, 7: 221-228, 1982.
3. Hertz KG, Katz SI, Maize J, et al: Herpes gestationis: A clinicopathologic study. Arch Dermatol 112: 1543-1548, 1976.
4. Provost T, Tomasi TB: Evidence for complement activation via the alternate pathway in skin diseases. J.Clin. Invest 52:1779-1787, 1973.
5. Jordon RE, Heine KG, Tappeiner G, et al: The immunopathology of herpes gestationis: Immunofluorescence studies and characterization of "HG factor" J Clin Invest 57: 1426-1433, 1976.
6. Katz SI, Hertz KC, Yaotia 11: Herpes Gestationis Imrnunopathology and caharacterization of the HG factor, J Clin Invest 57: 1434-1441, 1976.
7. Lawley T, Stingl G, Katz IS.: Fetal and Maternal risk factors in Herpes Gestationis, Arch Dermatol, 114: 552-555, 1978.
8. Holmes RC, Black MM, Dann J et al: A comparative study of toxic erythema of pregnancy and herpes gestationis Br.J.Dermatol, 106:499-510, 1982.
9. Pehamberger, H, Holubar K, Mays WR.: HLA-DR3 in dermatitis herpetiformis. Br.J.Dermatol. 104: 321-324, 1981.
10. Holmes, RC, Black, MM.: Herpes gestationis, Dermatol, Clni 1: 195-203, 1983.