Intravenous immunoglobulin for the treatment of quetiapin-induced bullous pemphigoid in an HIV-infected patient

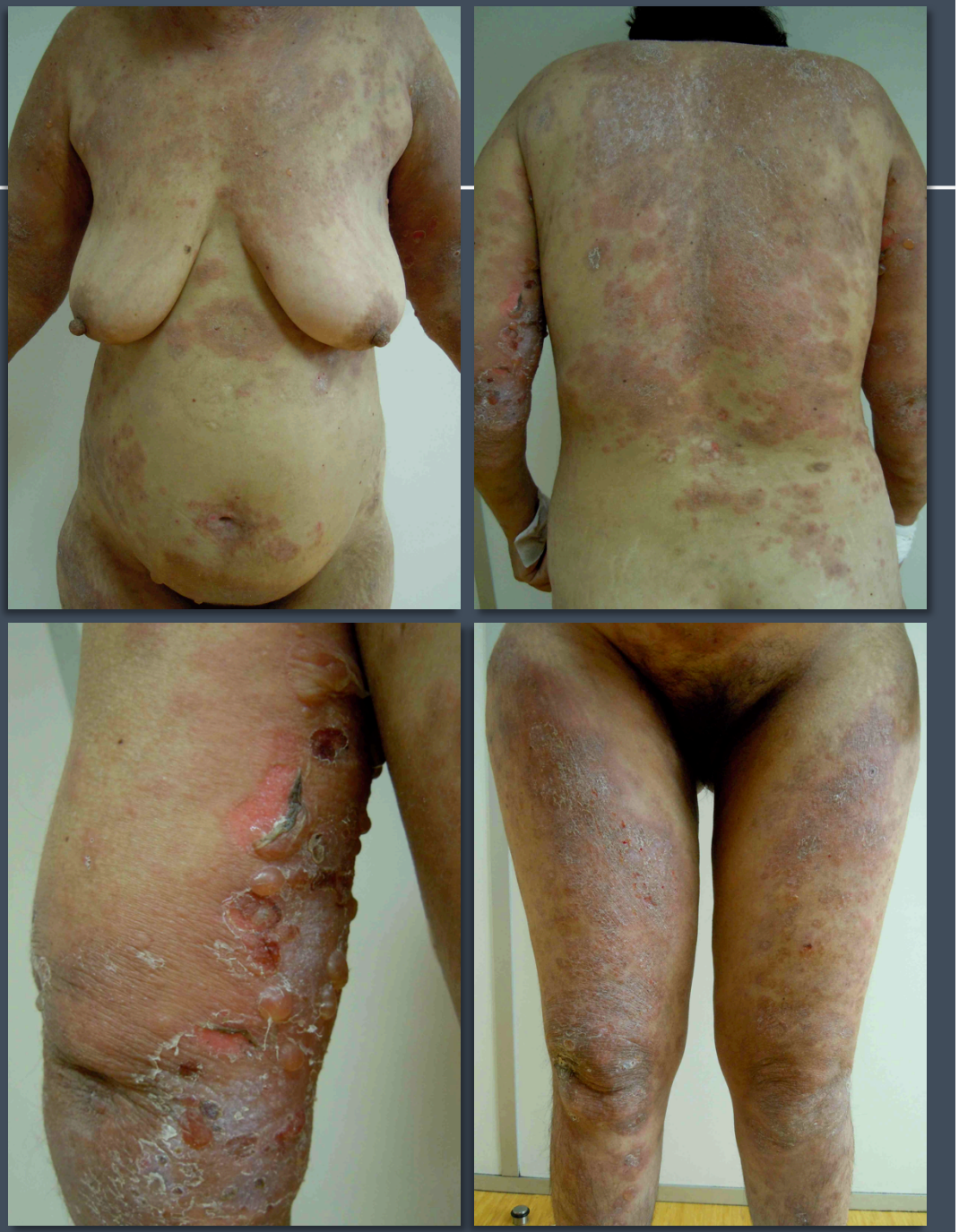
Cabete, J.; Santos, G.; Rocha Páris, F.; Serrão, V.; Fidalgo, A.

Dermatology Department, Hospital de Santo António dos Capuchos – C.H.L.C., Lisbon, Portugal

Miami
2013

Case Presentation

- 48-year-old woman
- HIV infection (CD4 319/µL, viral load <50 c/mL), dementia, dyslipidemia
- Polymedicated (HAART, neuroleptics, statin)
  - **Bullous pemphigoid**
    - Light microscopy, DIF
    - Persistent eosinophilia
    - ↑ PCR
    - Excluded autoimmune and paraneoplastic association



Case Presentation

Treatment:

Prednisolone 1 mg/Kg/day monotherapy	No response
+ Azathioprine 100 mg/day	No response + bicytopenia
+ IVIG 2 g/Kg/cycle (2-4 days), every 4wk	

- ✓ Temporary disease control
- ✓ Well tolerated, no severe side-effects

but:

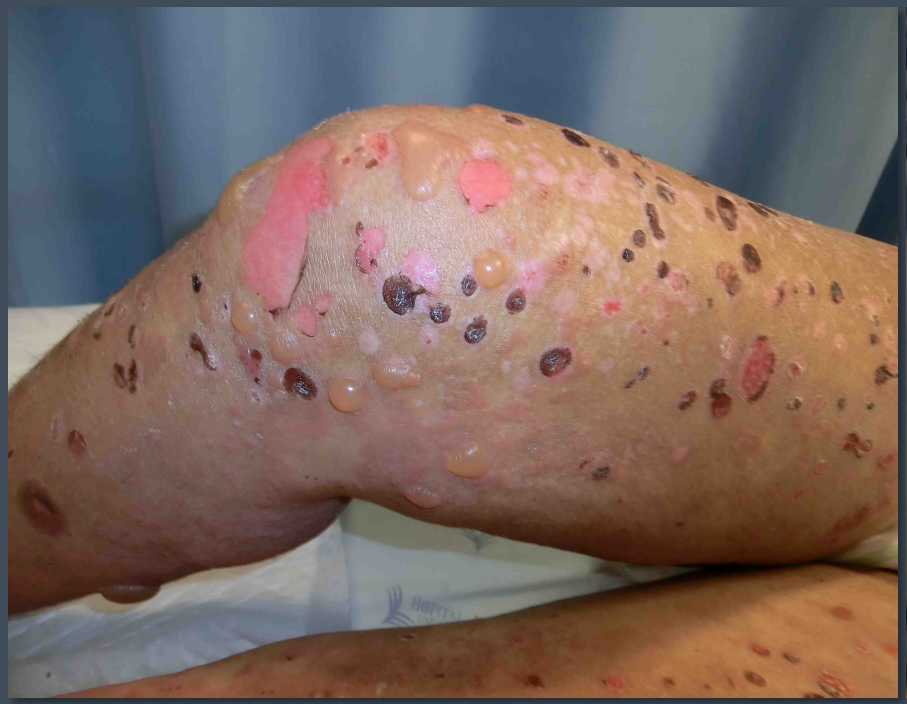
- ➡ Refractory disease with corticosteroid tapering
- ➡ Persistently elevated eosinophilia, and rising...

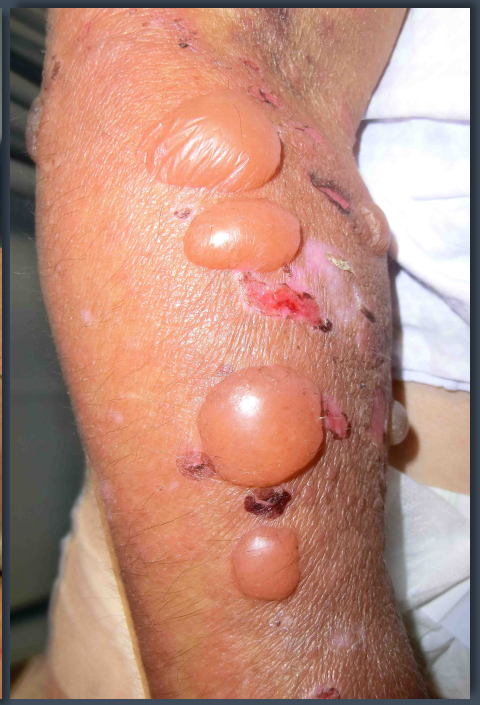
Persistent trigger? DRUG?

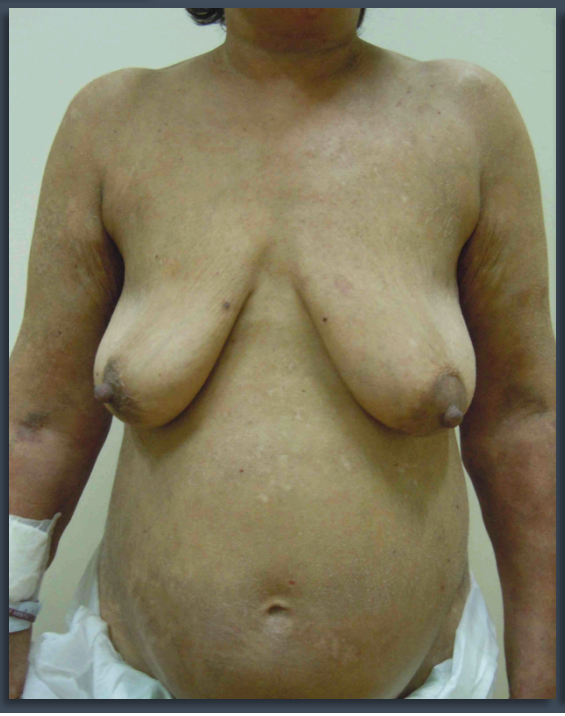
Case Presentation

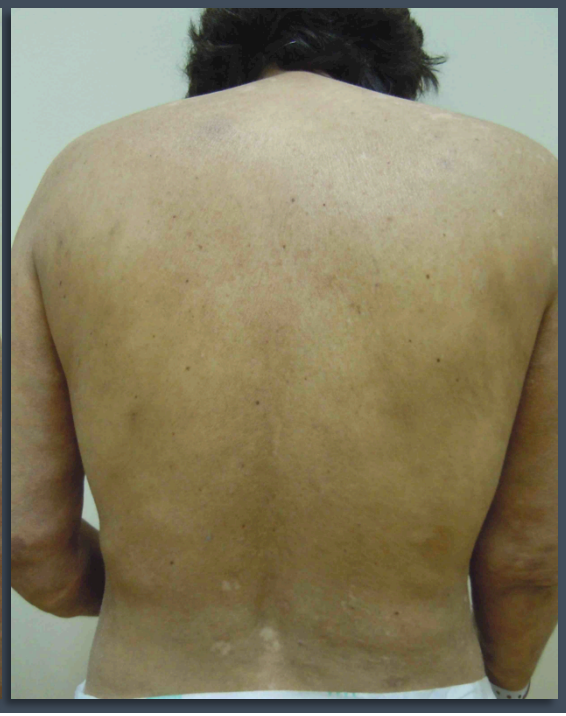
Reviewing drug history:

- **Quetiapine**: the last introduced drug; 1200 mg/day (above the maximum recommended daily dose)
  - Quetiapine was discontinued
    - Complete clinical resolution
    - Resolution of eosinophilia
  - Inadvertent rechallenge with olanzapine
    - New flare and eosinophilia
  - Complete sustained response with quetiapine/related drug withdrawal
    - No need for immunosuppressors or immunomodulators









Discussion

1. Bullous pemphigoid in HIV patient
    - HIV and autoimmunity: a disease continuum?
    - Autoimmune diseases are common, but bullous pemphigoid is rare (4 cases)
2. Quetiapine-induced bullous pemphigoid
    - Neuroleptics are associated with bullous pemphigoid
    - Quetiapine: 1 previous report
3. IVIG in HIV patient
    - An alternative to immunosuppression
    - Widely used in other diseases in immunosuppressed patients

Conclusions:

- This rare case of drug-induced bullous pemphigoid in an HIV patient suggests quetiapine as a drug trigger for this condition

- IGIV appears to be a safe and effective alternative to immunosuppressors in immunodeficient patients with severe bullous pemphigoid
  - Safety, efficacy, and minimum effective dose studies in this subpopulation are warranted

References:

- Zandman-Goddard G, Shoenfeld Y. HIV and autoimmunity. Autoimmun Rev. 2002;1(6):329-37.
- Stratton R, Slapak G, Mahungu T, Kinloch-de Loes S. Autoimmunity and HIV. Curr Opin Infect Dis. 2009;22(1):49-56.
- Russo S, Lopalco L. Is autoimmunity a component of natural immunity to HIV? Curr HIV Res. 2006 Apr;4(2):177-90.
- Bastuji-Garin S, Joly P, Picard-Dahan C, Bernard P, Vaillant L, Pauwels C, Salagnac V, Lok C, Roujeau JC. Drugs associated with bullous pemphigoid: A case-control study.Arch Dermatol. 1996;132(3):272-6.
- Sgouros DK, Christopoulos ND, Theodoropoulos K, et al. Drug-induced bullous pemphigoid: two case reports and review of the literature. Dermattikon. 2009, 3: 63-8
- Langan SM, Groves RW, West J. The relationship between neurological disease and bullous pemphigoid: a population-based case-control study. J Invest Dermatol. 2011;131(3):631-6.
- Gurcan HM, Jeph S, Ahmed AR. Immunoglobulin therapy in autoimmune mucocutaneous blistering diseases: a review of the evidence for its efficacy and safety. Am J Clin Dermatol. 2010;11(5):315-26.
- Chee SN, Murrell DF. The use of intravenous immunoglobulin in autoimmune bullous diseases. Immunol Allergy Clin North Am. 2012;32(2):323-30.
- Czernik A, Toosi S, Bystryn JC, Grando SA. Intravenous immunoglobulin in the treatment of autoimmune bullous dermatoses: an update. Autoimmunity. 2012;45(1):111-8.
- Tufan F, Kamali S, Erer B, Gul A, Inanc M, Ocal L, Konice M, Aral O. Safety of high-dose intravenous immunoglobulin in systemic autoimmune diseases. Clin Rheumatol. 2007;26(11):1913-5.