

Bullous Pemphigoid with Prurigo-Like Presentation Associated with Parkinson's Disease: A Case Report

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Abstract

Case Report

Bullous pemphigoid (BP) is an autoimmune subepidermal blistering disease affecting elderly patients. Atypical non-bullous presentations such as prurigo-like lesions may delay diagnosis. We report a 72-year-old patient with Parkinson's disease presenting with severe pruritus for 4 months, resistant to antihistamines. Direct immunofluorescence confirmed BP. The patient improved with topical clobetasol propionate (30 g/day).

Keywords: Bullous pemphigoid, Prurigo-like, Parkinson's disease, Direct immunofluorescence, Topical corticosteroids, Chronic pruritus.

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INTRODUCTION

BP is characterized by autoantibodies against BP180 and BP230. Non-bullous forms may precede blistering. A strong association with neurological diseases, particularly Parkinson's disease, has been described.

CASE REPORT

A 72-year-old patient with Parkinson's disease presented with severe pruritus for 4 months, causing insomnia and resistant to antihistamines. Examination showed excoriated papules and nodules on lower limbs without blisters. Skin biopsy and DIF showed linear IgG/C3 deposits confirming BP.

Treatment and Outcome

Treatment with topical clobetasol propionate (30 g/day) led to rapid improvement of pruritus and lesions, with good tolerance.

DISCUSSION

Prurigo-like BP is a misleading form. Chronic pruritus resistant to antihistamines should prompt DIF. The association with Parkinson's disease is well established with increased risk. Topical corticosteroids are effective in moderate forms.

CONCLUSION

BP may present as prurigo-like eruption. DIF is essential for diagnosis. Topical corticosteroids are effective.

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