

**From:** "ROOT" <root@sctimst.ac.in>  
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**Date:** 15/10/2024 07:59 AM  
**Subject:** Invitation for CGR

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From: "RRC Rishikesh (rrcrishikesh@aiimsrishikesh.edu.in)" <rrcrishikesh@aiimsrishikesh.edu.in>  
To:  
Cc: Meenu Singh <meenusingh4@gmail.com>  
Date: Mon, 14 Oct 2024 17:34:19 +0530  
Subject: [EXTERNAL MAIL] Invitation for CGR

### **Greetings from AIIMS, Rishikesh !!**

The CGR will be held on the **Oct 15, 2024** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:

<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m631c4f92532e0cd672c9de3628627094>

Tuesday, Oct 15, 2024, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2512 422 5180

Meeting password: 151024

Thanks & Regards  
Regional Resource Centre  
Dept of Telemedicine  
AIIMS Rishikesh



# All India Institute of Medical Sciences Rishikesh

## अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

### **CLINICAL GRAND ROUNDS**

## Department of Dermatology, Venereology and Leprosy - 15<sup>th</sup> October 2024

<b>Name: Mrs A</b>	<b>Age/Sex: 29 /F</b>	<b>Residence: Moradabad, Uttar Pradesh</b>
• <b>UHID: 20240085470</b>		
<b>Case Presenter:</b>  <b>Dr Soumya Nanda (Academic JR)</b> <b>Dr Anjali Bagrodia (SR)</b>	<b>Consultant in charge:</b>  <b>Dr. Naveen Kumar Kansal (Additional Professor and HOD)</b>	

### Chief complaints:

- Multiple painful raw erosions in oral cavity X 3 years
- Recurrent episodes of fluid-filled lesions all over the body X 2 years

### Brief History:

The patient was in good health 3 years ago when she started developing painful raw areas in the oral cavity with no tendency to heal causing difficulty in eating food. Similar lesions developed on the buccal mucosa and palate over the next month, with a gradual increase in size. One year following this, she started complaining of clear fluid-filled lesions on reddish-appearing skin on her scalp and face, which was initially pea-sized and progressed to increase in size to that of a coin within 1-2 days. These ruptured on their own within 3-4 days, leaving behind painful, raw areas of erosion with no tendency to heal. It was followed by the development of overlying dark crusting within 7 days. Similar lesions with similar progression developed on the back, both her upper limbs and lower limbs, in that order within 10-12 days. This was associated with mild itching. These lesions healed gradually with hyperpigmentation in 1-2 months. For these complaints, the patient sought treatment from a private Hospital for 10 months with moderate improvement in skin lesions, but her painful oral erosions persisted. After 2-2<sup>1/2</sup> months, patient started noticing similar fluid filled lesions on her body, with subsequent widespread involvement and episodes of high-grade fever (undocumented). She then presented to AIIMS Rishikesh and was admitted for work-up and management.

Frequency of 3-4 lesions / every day.

H/o seizure episodes 4 months back

H/o significant weight loss of 8-10 kg in 6 months

• **Examination**

**General Examination**

- Conscious and oriented to time, place, and person; thin built, BMI = 16.6 kg/m<sup>2</sup>
- No pallor, Icterus, clubbing, cyanosis, pedal edema, generalized lymphadenopathy.

**Vitals**

- HR - 74 bpm
- BP - 132/80 mm of Hg
- RR - 18/min
- SpO<sub>2</sub> - 98% on RA
- Temp- 98.4 F

**Systemic examination**

- Respiratory System – B/L normal vesicular breath sounds, no added sounds
- Per abdomen - Soft, non-tender, no organomegaly, bowel sounds+
- Cardiovascular System - S1 S2 heard
- Central Nervous System - No focal neurological deficit

**Mucocutaneous examination (on 22/06/24) :**

Date	Total Body Surface area involved	Vesicles/bullae	Erosions	crusted plaques
22/06/24	20-25%	1-2%	18-20%	1-3%
15/07/24	6-8%	0%	6-8%	0%
26/07/24	1-2%	0%	1-2%	0%
17/09/24	2-3%	2-3%	<1%	0%
7/10/24	<1%	0%	<1%	0%

- Multiple well-defined turbid fluid-filled vesicles and bullae on erythematous base present on the face, bilateral ears from 0.5x0.5cm to 1.5x1.5cm.
- Multiple well-defined wet erosions with few having an oozing base present, chest, abdomen, back, bilateral extremities, bilateral buttocks of size 0.5x0.5cm to 5x5cm with few having overlying dark crusting

- Few hemorrhagic crusted plaques of size 1x1cm to 3x3cm present predominantly on the neck and back.
- Multiple well-defined hyperpigmented macules and patches of size 1x1cm to 5x7cm on the body
- Oral cavity- multiple well-defined erosions with erythematous base and jagged margin present on hard palate, labial mucosa of size around 0.3x0.3cm to 1x1 cm. Restriction of mouth opening seen
- Nasal- erosions present in ala of the nose
- Nails- periungual swelling and tenderness present in few nails
- Palm and soles– multiple erosions present on bilateral palm and soles
- Genitals- few erosions present on bilateral labia majora

### **Differential Diagnosis:**

? Pemphigus Vulgaris

? Paraneoplastic Pemphigus

### **Diagnostic Investigations:**

Investigations	22/06/24	29/06/24	26/07/24	17/09/24
LDH	588	149	172	134
CA- 125	494.5	145.6	27	1.3
CEA	10.47	4.0	3.88	3.88
AFP	<1.3	<1.3	<1.3	<1.3
HCG	<2	<2	<2	<2
CA 19.9	<1.2	<1.2	<1.2	<1.2

- Histopathology (24/06/24)- S-3968/24: suprabasal clefting, dermis showing mild chronic inflammatory infiltrate comprising lymphocytes, plasma cells, and histiocytes. Features s/o pemphigus vulgaris

- Direct Immunofluorescence (24/06/24) : IgG 3+, C3 1+ positive in intercellular spaces of Epidermis
- Dermatology Profile ELISA (11/07/24)- Anti- Desmoglein1: 5.20  
Anti- Desmoglein 3: 11.57
- USG Whole abdomen/thorax/Pelvis (27/06/24): Normal Study
- CE CT Head, Neck, Thorax & abdomen (25/06/24): Multiple calcified granulomas in bilateral cerebral hemispheres and right cerebellar hemisphere- likely Neurocysticercosis (varying stages)
- CE MRI of the brain with the screening of the whole spine (03/07/24)- features suggestive of neurocysticercosis- varying stages, likely cystic vesicular/ nodular calcified stage

### **Management:**

- Inj. IVIg 80 gm in divided doses of 20 gm each day for 4 days given on 26/6/24 to 29/06/24, started from 30 ml/hr to a max rate of 60 ml/hr
- Inj. Dexamethasone 100mg in 5% Dextrose IV over 2 hours (27/7/24-29/7/24)
- Tab Prednisolone 40 mg 1 tab ABF
- Tab Azathioprine 50 mg OD

### **Summary:**

- A 29-year-old female presented with painful raw oral lesions recalcitrant to treatment and multiple episodes of fluid-filled lesions all over the body for the last 3 years. After multiple rounds of immunosuppressive therapies, her painful oral lesions still persisted. In June 2024, following the aggravation of her symptoms and significant weight loss in the last 6 months, she was admitted to our Centre for management. After a thorough evaluation for an underlying malignancy, neurocysticercosis was detected incidentally. Based on histopathology, DIF, and ELISA, she was diagnosed as a case of Pemphigus vulgaris and managed accordingly. After 2 more admissions, she showed significant improvement and is currently in regular follow-up.