

## Original article

# Study of correlation of clinical presentation of vesiculobullous lesions of the skin with their histology

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### Abstract:

**Introduction:** Vesiculobullous lesions are a type of mucocutaneous disease that is characterized by vesicles and bullae or blisters. Both vesicles and bullae are fluid-filled lesions, and they are distinguished by size, vesicles being less than 5–10 mm and bulla being larger than 5–10 mm, In the case of vesiculobullous diseases which are also immune disorders the term immunobullous is sometimes used.

**Material and methods:** This prospective e study was carried out in the Department of pathology in Dr.V.M.Govt. Medical College and Chhatrapati Shivaji Maharaj Sarvopchar Rughalaya, Solapur .

**Results:** Both the patients were males, of which one was of elderly age. History of itching was present in both the cases. History of exposure to allergen *Semecarpus anacardium* (Beeba seed) was seen in one case. Clinical diagnosis of irritant contact dermatitis was done in both the cases.

**Conclusions:** Out of 50 cases studied, clinical diagnosis was confirmed by skin biopsy in 84% of cases. In 16% cases histopathological diagnosis differed from clinical diagnosis .

### Introduction:

Vesiculobullous lesions are a type of mucocutaneous disease that is characterized by vesicles and bullae or blisters. Both vesicles and bullae are fluid-filled lesions, and they are distinguished by size, vesicles being less than 5–10 mm and bulla being larger than 5–10 mm, In the case of vesiculobullous diseases which are also immune disorders the term immunobullous is sometimes used.<sup>1,2</sup> The present study was undertaken to analyze the pattern of vesiculobullous skin disorders in and around Solapur. This being an analysis of clinical presentation and biopsy material, it is expected to provide a fairly good estimate of patterns of vesiculobullous disorders of skin. However, there is bound to be an element of

selection. Pooled data from other hospitals would give a better picture of the prevalence of vesiculobullous diseases; as it occurs in general population. Also this study was done over a period of two years; hence the number of cases studied was not large enough to permit any generalization.<sup>3,4,5</sup>

### Material and methods:

This prospective e study was carried out in the Department of pathology in Dr.V.M.Govt. Medical College and Chhatrapati Shivaji Maharaj Sarvopchar Rughalaya, Solapur .

This histopathological study was carried out in collaboration with the Department of Skin and V.D. in the same institute. Detailed history, physical examination alongwith routine investigations were carried out. Provisional

clinical diagnosis was recorded and the data was collected and described as in proforma for case study.

In this study, the patients with vesiculobullous lesions attending the outdoor of the skin department as well as those admitted in the same ward were selected.

**Results:**

**Table No. 1 Allergic contact dermatitis—Clinicopathological features**

Case No.	Age Yrs.	Sex	H/o exposure to allergen	itching	Clinical diagnosis	Histopathological diagnosis
1	62	M	Not available	+	Irritant contact dermatitis	Allergic contact dermatitis
2	16	M	Semecarpus anacardium (Beeba seed)	+	Irritant contact dermatitis	Allergic contact dermatitis

- Both the patients were males, of which one was of elderly age.
- History of itching was present in both the cases.
- History of exposure to allergen Semecarpus anacardium (Beeba seed) was seen in one case.
- Clinical diagnosis of irritant contact dermatitis was done in both the cases.

**Discussion**

The present study was undertaken to analyze the pattern of vesiculobullous skin disorders in and around Solapur. This being an analysis of clinical presentation and biopsy material, it is expected to provide a fairly good estimate of patterns of vesiculobullous disorders of skin. However, there is bound to be an element of

selection. Pooled data from other hospitals would give a better picture of the prevalence of vesiculobullous diseases; as it occurs in general population.<sup>6,7</sup> Also this study was done over a period of two years; hence the number of cases studied was not large enough to permit any generalization.<sup>8,9,10</sup>

Allergic contact dermatitis:

- i) There were 2 cases in the present study, one case a 62 year old male and other case a 16 year old male.
- ii) History of exposure to allergen semecarpus anacardium (Beeba seed) as suggested by Bajaj AK8(1994) was present in one case, while in another case it was not available.
- iii) H/o itching:  
H/o itching with edematous, erythematous papules, vesicles were present in both the cases.
- iv) Clinical diagnosis:  
Of contact irritant dermatitis was done in both the cases.

v) Histopathology:

In both the cases, biopsy showed intraepidermal spongiform vesicles containing fluid, numerous eosinophils and few lymphocytes. Dermis also showed infiltration by eosinophils and lymphocytes.<sup>11</sup>

**Conclusions**

Out of 50 cases studied, clinical diagnosis was confirmed by skin biopsy in 84% of cases. In 16% cases histopathological diagnosis differed

from clinical diagnosis. This emphasizes the importance of skin biopsy in diagnosis of vesiculobullous disorders of skin.

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